VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11366

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County Balto Co.

City or town Ballnew Turners Station
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 years.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto Co.

City or town Turners Station
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME William Thomas Amos.

3. (b) Social Security Number None

4. Sex M

5. Color or race W.

6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Sarah Ann

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 3 - 1849

8. AGE: Years 96 | Months 11 | Days 18 | If less than one day ..... hrs. ..... min.

9. Birthplace West Virginia
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name William Amos.
13. Birthplace Virginia

MOTHER
14. Maiden name Elizabeth Brambell
15. Birthplace Ohio.

16. Informant William M. Amos.
Address Ballnew - Turners Station. P.O.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 24-40 (month) (day) (year)

Cemetery or crematory Setart Cem

Location Setart Falls Ohio

18. Funeral director William Cook
Address 1217 St Paul Street

19. 11/21 1940 (Date rec'd by registrar)

Milton [illegible] Registrar
Local Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 21 1940, at 7 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 21st 1940 to Nov 1st 1940 and that I last saw h in alive on Nov 21st 1940

Immediate cause of death

	DURATION
Bronchitis	3 days
Due to	
Due to	
Other conditions	

(include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank C Eldred M. D. or other

Address Spring Point Date signed 11-21-40

W. M. Carmine Reg.

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

11367

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: Balto

County

City or town Fullerton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto

City or town Fullerton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Belair Rd. & Gravel Ave

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Mrs Clara O. Bagwell

3. (b) Social Security Number

4. Sex female

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife John Wilbur Bagwell

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20 - 1888

8. AGE: Years 52 Months 10 Days - If less than one day hrs. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual occupation at Home

11. Industry or business

FATHER 12. Name Fick

13. Birthplace

MOTHER 14. Maiden name Maddis Charles

15. Birthplace Balto Md

16. Informant John Wilbur Bagwell

Address Belair Rd & Gravel Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-23-40 (month) (day) (year)

Cemetery or crematory Cathedral

Location

18. Funeral director Leonard J Tuck

Address 5300 Harford Rd.

19. 11/22 1940 Mrs. G. A. Fritz (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 20th 1940, 5-30 a.m. M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 to 19~~

and ~~that I last saw h alive on 19~~

Immediate cause of death Valvular heart disease

Due to

Due to Pulmonary tuberculosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. T. E. Nyse Dpy M. Ex. M. D. or other

Address Pikesville Md Date signed 11-20-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 2 1940
BUREAU V. S.

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Cover part of Ear

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

11368

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore.
City or town: Rural near Prettyboy Dam
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 25

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore.
City or town: Rural near Parkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Near Prettyboy Dam.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Kathryn Doretta Baker.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife: Thomas Baker.
6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): April 30, 1870

8. AGE:

Years	Months	Days	If less than one day
70	6	21	____ hrs. ____ min.

9. Birthplace: Hoffmanville, Balto. Co., Md. (Town, county, and state)
10. Usual occupation: Housekeeper
11. Industry or business: Own home.
12. FATHER — Name: Frederick Florsteadt.
13. FATHER — Birthplace: Germany
14. MOTHER — Maiden name: Sarah Henry
15. MOTHER — Birthplace: Md.
16. Informant: Mrs. Edward Trabert
Address: Freeland, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 24, 1940 (month) (day) (year)
Cemetery or crematory: St. Paul Cemetery
Location: Near Stiltz, Penna.
18. Funeral director: Jacob Hartenstein.
Address: New Freedom, Pa.
19. Nov. 1940 (Date rec'd by registrar) Charles L. Buckler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 21, 1940, at 8:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 9 1940, to Nov. 21 1940, and that I last saw h[illegible] alive on Nov 21 1940.

Immediate cause of death	DURATION
Chronic hypocarditis	
Due to Hypertension	
Due to	
Other conditions Chronic nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: G. Lee Trance M. D. or other
Address: Parkton, Md. Date signed: 11/22/41

CEIVED
DEC 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-A)

11369

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Balto

City or town: Sparrow Point Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 225 "F" Str.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Sparrow Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 225 "F" Str.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Banks

3. (b) Social Security Number

4. Sex: F

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Gabriel Banks

6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Sept. 30th - 1878

8. AGE: Years: 62 Months: 1 Days: 18 If less than one day: hrs. min.

9. Birthplace: Roumania
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Theodore Siladi
13. Birthplace: Roumania

MOTHER
14. Maiden name: Unk.
15. Birthplace: Roumania

16. Informant: Mr. Gabriel Banks.

Address: 225 "F." Str Sparrow Point

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-21-40 (month) (day) (year)

Cemetery or crematory: St. Stanislaus Cem

Location: O'Donnell Str. Rd.

18. Funeral director: John G. Connelly

Address: Essex Md.

19. 11-21- 1940 (Date rec'd by registrar) John G Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 18 1940, at 5:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 11 1940, to Nov. 18 1940, and that I last saw her alive on Nov. 18 1940.

Immediate cause of death	DURATION
Generalized Carcinomatosis	2 yrs.
Due to Carcinoma of the Ovary	2½ yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R. O. Windsor M. D. or other

Address: 508 F St., Sparrows Pt. Date signed: 11-20-40.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
13-8

CERTIFICATE OF DEATH

11370

Reg. Dist. No. X 38

1. PLACE OF DEATH:
County Baltimore,
City or town Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 11 Months 2 Days
Stay in this community (yrs., or mos., or days) " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County —
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2326 N. Charles St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Anne Langdon Barrett

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife James Barrett
6(c) If alive, give age 36 years
7. Birth date of deceased (mo., day, yr.) September 23. 1906
8. AGE: Years 34 Months 1 Days 16 If less than one day ___ hrs. ___ min.
9. Birthplace Abbeville South Carolina
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name John Blake
13. Birthplace South Carolina
MOTHER 14. Maiden name Blanche Ammen
15. Birthplace P (?)
16. Informant Personal History - Hospital Records
Address Eudowood Sanatorium, Towson, Md.
17. Cremation (Burial, cremation, or removal. Which?) Date thereof 11 (month) 11 (day) 40 (year)
Cemetery or crematory Loudon Park
Location 3800 Frederick Rd.
18. Funeral director Wm. J. Tickner + Sons
Address North + Pa. Ave
19. Nov 8 1940 (Date rec'd by registrar) W. Carroll Van Horn Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1940, at 8:15 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 6 1939, to November 8 1940, and that I last saw her alive on November 8 1940.
Immediate cause of death Pulmonary Tuberculosis.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy None.

DURATION March 1939

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. A. Bridges M. D. or other
Address Towson, Md. Date signed 11-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 3 1940
MINERAL V. B.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
(94a)

CERTIFICATE OF DEATH

11371
Reg. Dist. No. 44

1. PLACE OF DEATH:
County Balto
City or town Raspberry, Popeon
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto
City or town Poplar 3118 E. Biddle Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 3110
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Barzyk
3. (b) Social Security Number 216-07-4832

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Marguret
6(c) If alive, give age 28 years
7. Birth date of deceased (mo., day, yr.) Jan. 31st 1901
8. AGE: Years 39 Months 9 Days 4 If less than one day ___ hrs. ___ min.
9. Birthplace Poland (Town, county, and state)
10. Usual occupation Chauffer
11. Industry or business Continental Can Co
FATHER 12. Name Peter Barzyk
13. Birthplace Poland
MOTHER 14. Maiden name Mary Krajewska
15. Birthplace Poland
16. Informant Peter Barzyk
Address Poplar Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-8-40 (month) (day) (year)
Cemetery or crematory St Stanislaus
Location O'Donnell Str.
18. Funeral director Wm. S. Fialkowski
Address 2007 Eastern ave
19. 11-6-40 19 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH Nov 5th 1940 at 12-10 a.m.
21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 to 19~~
~~and that I last saw h alive on 19~~
Immediate cause of death Coronary Occlusion
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. P. O. Mse Deputy M. Ex. M. D. or other
Address Pikesville Md Date signed 11-5-40

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VS A15

RECEIVED
NOV 11 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

11372
44
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: (Balto
County
City or town Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto
City or town Middle River Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph B. Bateman (Bateman) 3. (b) Social Security Number 214-18-7888

4. Sex Male | 5. Color or race White | 6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Mattie (Phelps)
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19-1901

8. AGE: Years 39 | Months 1 | Days 3 | If less than one day hrs. min.

9. Birthplace Roper N. C. (Town, county, and state)
10. Usual occupation Crane Operator
11. Industry or business
FATHER 12. Name Wiley Bateman
13. Birthplace Roper N. C.
MOTHER 14. Maiden name Lulletia Lovell
15. Birthplace Creswell N. C.
16. Informant Raymond Bateman
Address 1504 E Monument St.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 23-40 (month) (day) (year)
Cemetery or crematory Mackey's M. E.
Location
18. Funeral director John E. Connelly
Address Essex Md.
19. Nov 22-40 (Date rec'd by registrar) John E. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 22 1940 11-40 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased~~ from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Auto accident on Legh. DURATION
Due to Hwy. Pedestrian hit by hit & run driver
Due to fractured skull, neck & many other bones.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Date of 11-22-40
Where did injury occur? Essex Balto Md
(City or town) (County) (State)
Injured at ~~home, farm, industry~~ public place (where?) highway
Means of injury Auto accident Injured at work? no

23. SIGNATURE W. J. O. Mose Legby M. D. or other
Address Pasadena Md Date signed 11-23-40

RECEIVED
DEC 6 1940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 32 11373

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 105 Sherwood ave
(c) Hospital or institution: Takoville, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town 23 Liberty St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Berryville Va.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Laura Jane Beall

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or wife Frank B. Beall
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 7-1856

8. AGE: Years	Months	Days	If less than one day
84		28	hr. min.

9. Birthplace Springfield Ohio
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name John W. Steele
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary Blake
15. Birthplace Virginia

16 (a) Informant Estelle Naille
(b) Address 105 Sherwood ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/40 (month) (day) (year)
(c) Cemetery or crematory Greenhill
Location Berryville Va.

18 (a) Funeral director Frank H. Hurley
(b) Address Takoville, Md.

19 (a) Nov 5 (Date rec'd by registrar) (b) 40 E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1940 at 2.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1940, to Nov 5 1940, and that I last saw h[illegible] alive on Nov 5 1940.

Immediate cause of death Coronary Thrombus — Duration 3 hrs
Due to Chr Myocarditis — Duration several years
Due to Arterio Sclerosis
Other Conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E E Nichols M. D.
Address Berryville Va Date signed Nov 5 40

VS 3

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

11374

Reg. Dist. No. 57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Phoenix
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 25 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Phoenix Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Lena Louise Bode

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Nicholas Bode
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 5, 1867

8. AGE:

Years	Months	Days	If less than one day
73	6	13	hrs. min.

9. Birthplace Knobles, Balto Co, Md (Town, county, and state)
10. Usual occupation Homemaker
11. Industry or business —

FATHER
12. Name Bernard Feisler
13. Birthplace Germany

MOTHER
14. Maiden name Catherine Feisler
15. Birthplace Germany

16. Informant Mrs. Herbert G. Ahalt
Address Phoenix, Balto. Co. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 21, 1940 (month) (day) (year)
Cemetery or crematory Fairview
Location Sunnybrook, Balto Co. Md

18. Funeral director Landon M. Bowles
Address Sparks, Md.

19. Nov. 19 1940 (Date rec'd by registrar) Wilmer C. Ensor. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19 1940, at 1.30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1938, to Nov 19 1940 and that I last saw her alive on Nov 19 1940.

Immediate cause of death Carcinoma (Gastric) — DURATION 3 yrs.
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Wilmer C. Ensor M. D. M. D. or other
Address Cockeysville Md Date signed Nov 19/40

RECEIVED
NOV 23 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11375

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Woodlawn
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Windsor Mill Road & Lorraine Ave.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) F

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Woodlawn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Windsor Mill Rd & Lorraine Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William H. Borgmann

3. (b) Social Security Number 52-025-1490

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Lena T. Borgmann
6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 13 1868

8. AGE: Years 72 | Months 6 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation Memorial Dealer
11. Industry or business

FATHER
12. Name Henry Borgmann
13. Birthplace Germany

MOTHER
14. Maiden name Minnie Dany
15. Birthplace Germany

16. Informant Mrs. Lena T. Borgmann
Address Windsor Mill Road

17. Burial Date thereof Dec 3. 1940.
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18. Funeral director H. Howard Strong
Address 715 Light St

19. 12/3 1940 [signature]
(Date rec'd by registrar) Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1940, at 4.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 23 1940, to Nov 29 1940, and that I last saw h alive on 19

Immediate cause of death	DURATION
Coronary Thrombosis	7 days
Due to Cerebral Arterio Sclerosis	3 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. C. Emmich M. D. or other
Address 4509 Liberty Hgts Date signed Nov 30

RECEIVED
DEC 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11376

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 42

Village or City Halethorpe No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George J. Bottiger Social Security No. 212-01-1424

(a) Residence: No. 90 Carville Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Maryland Bottiger

6. DATE OF BIRTH (month, day, and year) June 3, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Delivery Driver

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Printing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George Bottiger

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Barbara Buttner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Maryland Bottiger (Address) 90 Carville Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov. 25, 1940

19. UNDERTAKER L Vernon Kuehner (Address) 2301 Edmondson Ave.

20. FILED Nov 23, 1940 G. Sieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1940, to Nov. 21, 1940

I last saw him alive on Nov. 21, 1940; death is said to have occurred on the date stated above, at 11 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1940

Other Contributory Causes of importance:

Chronic Myocarditis	1938

Name of operation — Date of —

What test confirmed diagnosis? Steth Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. S. Parson M. D.

(Address) Halethorpe

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
NOV 29 1941

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

11377

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:
County Baltimore
City or town near Holbrook
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wards Chapel Rd
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town near Holbrook Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Wards Chapel Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mae Elizabeth Brady

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 1 1940

8. AGE: Yeare | Months | Days | If less than one day hrs. 0 min.

9. Birthplace Holbrook Balto Co Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Charles J. Brady
13. Birthplace Owings Mills Md

MOTHER
14. Maiden name Mae Elizabeth Nicholas
15. Birthplace Maryland

16. Informant Charles J Brady
Address Owings Mills Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 2 1940 (month) (day) (year)

Cemetery or crematory Holy Family
Location Harrisonville Md

18. Funeral director none Chas J Brady (Father)
Address Owings Mills Md

19. Nov 2 1940 (Date rec'd by registrar) Wm E. Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---; and that I last saw h--- alive on ---- 19---.

Immediate cause of death	DURATION
Stillborn	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wm. E. Martin M. D. or other
Address Randallstown Md Date signed Nov 2 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 3 1940
BUREAU V. S.

Mercy Eastern Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr Commercial 11378

83-A

Reg. Diat. No. 44

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Baltimore

City or town Essex

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Essex

(If outside city or town limits, write RURAL and give nearest town)

Street No. Margaret Ave

(If rural, give LOCATION)

2.(a) If veteran, name war WW

3. (a) FULL NAME Anna Niedermeyer Bragg.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife Julian

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 18 1878

8. AGE: Years 62 | Months 9 | Days 29 | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name August Hornecke

13. Birthplace Germany

MOTHER 14. Maiden name Mary Lenz

15. Birthplace Germany

16. Informant Deceased

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 21 1940 (month) (day) (year)

Cemetery or crematory Schwarz

Location O'Donnell St Eastend Balto Md

18. Funeral director Mallhom & Co

Address 124 S Conl St

19. 11-12-1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1940 to Nov 17 1940

and that I last saw h alive on Nov 17 1940

	DURATION
Immediate cause of death Cerebral hemorrhage	1 Month
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Rendell Md Date signed 11/18/40

RECEIVED
NOV 27 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

11379

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County Essex

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sumter Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto

City or town Chesaco Park Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Sumter Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Andrew Henry Brockmeyer

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Augusta Amerehn

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 5th – 1876

8. AGE: Years	Months	Days	If less than one day
63 (64)	11	4	____ hrs. ____ min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Brockmeyer
13. Birthplace Balto. Md.

MOTHER
14. Maiden name Clara Peters
15. Birthplace Balto. Md.

16. Informant Mrs. Augusta Brockmeyer

Address Sumter Ave. Chesaco Park

17. Burial (Burial, cremation, or removal, Which?) Date thereof 11-12-40 (month) (day) (year)

Cemetery or crematory Holy Redeemer

Location Belair Rd.

18. Funeral director John G. Connelly

Address Essex Md.

19. 11-12-1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9th 1940, at 6-30 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, ~~and that I last saw h~~ ____ alive on ____ 19__.

Immediate cause of death Accidental death on highway

Due to Automobile accident. Curb R.

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide, or homicide~~ Accident Date of 11-9-40

Where did injury occur? Essex (City or town) Balto (County) Md (State)

Injured ~~at home, farm, industry~~, public place ~~(where?)~~ highway

Means of injury Accident Injured at work? No

23. SIGNATURE W P E Nyse Dep M Ex M. D. or other

Address Pasadena Md Date signed 11-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 14 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

11380

Reg. Dist. No. 44

1. PLACE OF DEATH: Balto

County Essex, Sandy Point

City or town (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Balto

City or town Essex Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Sandy Point (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry B. Buffkins (alias Harry B. Williams)

3. (b) Social Security Number 217-12-0757

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19 - 1897

8. AGE: Years 43 Months 9 Days 5 If less than one day hrs. min.

9. Birthplace Miss. (Town, county, and state)

10. Usual occupation Chauffeur

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name "

15. Birthplace "

16. Informant Mr. Harry Hanson

Address Stemmers Run Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 18-40 (month) (day) (year)

Cemetery or crematory Balto Natl. Cem.

Location Frederick Rd.

18. Funeral director John G. Connelly

Address Essex Md.

19. 11-18-40 19 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 14th 1940, 5-10 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~ ~~and that I last saw h~~ ~~alive on~~ ~~19~~

Immediate cause of death Coronary heart disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. S. E. Myse Lofty M. Rex, M. D. or other

Address Pikesville Md Date signed 11.14.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11381

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Raspeburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 20 Kolb Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Raspeburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 20 Kolb Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME John W. Cavey

3. (b) Social Security Number 705-07-8753

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Laura W. Cavey

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) December 11th. 1872

8. AGE: Years	Months	Days	If less than one day
67	11	15	____ hrs. ____ min.

9. Birthplace Cumberland Maryland (Town, county, and state)

10. Usual occupation Machinist (Retired)

11. Industry or business B&O Railroad

FATHER 12. Name Joseph J. Cavey

13. Birthplace Maryland

MOTHER 14. Maiden name Alice Sloan

15. Birthplace Maryland

16. Informant Miss Norma Showalter

Address 2118 W. Baltimore St. Balto.

17. Burial (Shipment) Date thereof Nov. 29th. 1940 (month) (day) (year)

(Burial, cremation or removal. Which?)

Cemetery or crematory Harrisonburg, Virginia

Location Harrisonburg, Virginia

18. Funeral director Lanahan Funeral Home

Address 7401 Belair Road

19. 11/27 1940 Mr. G. A. Fritz

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26th. 1940, at 1.40 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Nov 16 1940, to Nov 26 1940, and that I last saw him alive on Nov 26 1940

	DURATION
Immediate cause of death Pneumonia	10 days
Due to	
Due to	
Other conditions Chr. Myocarditis	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE E. B. Culver Rowe M.D.

M. D. or other

Address 1901 Eutaw Pl Date signed 11.27.40

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

11382

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs., 8 mos., 9 days

Hospital, Institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium

How long in hospital or institution? 2 yrs., 8 mos., 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 3625 Hayward Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Mrs. Helen Cerniglia

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Divorced

6.(b) Name of husband or wife: Salvatore Cerniglia

6.(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): December 24, 1905

8. AGE: Years	Months	Days	If less than one day
34	10	24	..... hrs. ..... min.

9. Birthplace: New York, N. Y.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: At Home

FATHER
12. Name: Emanuel Ventimiglia
13. Birthplace: Italy

MOTHER
14. Maiden name: Michelina Palumbo
15. Birthplace: Palermo, Italy

16. Informant: Mrs. Helen Cerniglia
Address: 3625 Hayward Ave., Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 21, 1940 (month) (day) (year)

Cemetery or crematory: New Cathedral Cemetery

Location: Baltimore, Maryland

18. Funeral director: Frank Della Noce

Address: 52 N. Morley St., Baltimore, Md.

19. Nov. 17, 1940 (Date rec'd by registrar) J. Paul Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17, 1940 at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 8, 1938 to Nov. 17, 1940 and that I last saw her alive on November 17, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 yrs., 11 mos.
Due to: Tubercle Bacilli	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: No operations

Date of op.:

Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D.
M. D. or other

Address: Mt. Wilson, Md. Date signed: 11/17/40

RECEIVED
DEC 3 1940
BUREAU V. S.

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13

11383

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Rodgers Fordge (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Rodgers Fordge (If outside city or town limits, write RURAL and give nearest town)

Street No.: 409 Dunkirk Rd. (If rural, give LOCATION)

2.(a) If veteran, name war: ---

3. (a) FULL NAME: Charles F.Chelf Sr.

3. (b) Social Security Number: 214-01-6252

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Wht.	Married

6.(b) Name of husband or wife: Emma S.Chelf

6.(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): May 23,1886

8. AGE: Years	Months	Days	If less than one day
54	6	2	hrs. min.

9. Birthplace: Flint Hill Va. (Town, county, and state)

10. Usual occupation: District Manager

11. Industry or business: Corn Products Sales Co.

FATHER
12. Name: James M.Chelf
13. Birthplace: Va.

MOTHER
14. Maiden name: Lucy Whitescurver
15. Birthplace: Va.

16. Informant: Mrs.Emma S.Chelf

Address: 409 Dunkirk Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov.28,1940 (month) (day) (year)

Cemetery or crematory: Greenmount

Location: Balto. Md.

18. Funeral director: Robert S.Little

Address: 2700 Edmondson Ave.

19. 11/27 (Date rec'd by registrar) 19 40 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov.25,1940 19 at 8.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15 1940, to 11-25 1940 and that I last saw him alive on 11-25-40 19

Immediate cause of death: Caseous Gelatinous Pneumonia Gelatinous

Due to: Pulmonary Tuberculosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION: Unknown

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Med Cut & Bldg Date signed: 11-25-40

RECEIVED
DEC 3 1940
BUREAU V. S.

11384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (131-a)

Registered No. 32

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Edmondson Ave.
(c) Hospital or institution: Rev. Opitz Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mth
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Liberty Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John Henry Clagett

3 (b) If veteran, name war unknown
3 (c) Social Security Account No. no

4. Sex Male
5. Color or race white
6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Sophia K. Clagett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26-1863

8. **AGE:** Years 77 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Balto. Co. Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name John Adam Clagett
13. Birthplace Germany

MOTHER
14. Maiden Name Mary K Lohr
15. Birthplace Germany

16 (a) Informant Marvin Choate
(b) Address Randallstown, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/22/40 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md

18 (a) Funeral director Frank H. Newell
(b) Address Pikesville, Md

19 (a) 11/22/40 (Date rec'd by registrar) (b) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/20 1940, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1937, to Nov 20 1940, and that I last saw him alive on Nov 19 1940.

Immediate cause of death	Duration
Nephritis	1 year
Due to Arteriosclerosis	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. C. Smith M. D.
Address 4509 Liberty Hgts Date signed Nov 21

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE [illegible] WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11385

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (93-1)

County Baltimore — Registration Dist. No. 32

Village or City W. Washington — No. Old Pimlico Road near Smith St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 2-1 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Harry Conley — If U. S. Veteran, specify WAR ...

(a) Residence: No. 4010 Evans Chapel Road St., Ward ... (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anna B. Conley

6. DATE OF BIRTH (month, day, and year): Aug. 22-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Painter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. / Maryland

FATHER

13. NAME: William Conley

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Clara Merryman

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Albert B. Conley

(Address) 3966 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL: Union Chapel, Wilna, Harford Co. Date Nov. 14, 1940

19. UNDERTAKER: Horace F. Burgee

(Address) 3631 Falls Road

20. FILED 11/12/, 1940 E. E. Nelson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 11 (Dey), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1940, to Nov 11, 1940

I last saw h... alive on Nov 10, 1940; deeth is seid to have occurred on the dete steted ebove, at 10:45 A. m.

The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other Contributory Causes of Importance:

Arterio-Sclerosis	many years

Neme of operetion: None — Date of ...

Whet test confirmed diegnosis? Clinical — Was there en eutopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury ...

Nature of Injury ...

24. Was diseese or injury in eny way related to occupation of deceesed? ...

If so, specify ...

(Signed) E. E. Nichols M. D.

(Address) Pikesville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

NOV 27 1940
BUREAU

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

11386

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 7 Osborne Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 18 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 7 Osborne Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John S. Connor

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife: A. Loretto Connor

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 24 1890

8. AGE: Years	Months	Days	If less than one day
49	10	11	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Custom House Broker

11. Industry or business:

FATHER — 12. Name: Michael Connor; 13. Birthplace: Md.

MOTHER — 14. Maiden name: Margaret Murray; 15. Birthplace: Ireland

16. Informant: Mrs. John S. Connor

Address: 7 Osborne Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-7-1940 (month) (day) (year)

Cemetery or crematory: Cathedral

Location: Baltimore, Md

18. Funeral director: George A. Farley

Address: Catonsville, Md.

19. 11/6 (Date rec'd by registrar) 19 40 — Registrar

County Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 4 19 40, at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 3 19 40, to Nov 4 19 40, and that I last saw h[illegible] alive on Nov 4 19 40.

Immediate cause of death	DURATION
Coronary Thrombosis	1 day
Due to Arteriosclerosis	4 yrs
Due to	
Other conditions Chr. Nephritis	2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James Howard, M. D. or other

Address: Catonsville Date signed 11-5-40

RECEIVED
DEC 2 1940
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11387

(50)

1. PLACE OF DEATH

County _____ Registration Dist. No. 42

Village or City Arbutus No. Stevens Ave. St., _____ Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Katie B. Cox If U. S. Veteran, specify WAR _____

(a) Residence: No. Stevens Ave. St., _____ Ward. _____
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Granville G. Cox

6. DATE OF BIRTH (month, day, and year) Feb. 9, 1886.

7. AGE Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
54	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Carroll Co., Maryland
(State or country)

FATHER

13. NAME William H.H. Grove

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Nancy Fleming

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs. Mary D. Koehler
(Address) 1114 Elm Ridge Ave. Carroll Station Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Nov. 29/40, 19

19. UNDERTAKER Harry H. Witzke
(Address) 4101 Edmondson Ave.

20. FILED Nov 28, 19 40 Geo Kieffer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 26/40. , 193
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to Nov 25, 1940.

I last saw her alive on Nov 24, 1940 death is said to have occurred on the date stated above, at 1:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Acute dilatation Heart | Date of onset Acute.

Other Contributory Causes of importance: Generalized Carcinomatosis 2 years.

Name of operation Radical Mastectomy Date of Dec 6 1938

What test confirmed diagnosis? Micro scopic Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury _____, 19

Where did Injury occur? no
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. no

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) James W. Nelson M. D.

(Address) 1120 St Paul St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED DEC 2 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

11388

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Sparrows Pt Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Sparrows Pt Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 27 Japanese Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Creamer

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Divorced
6 (b) Name of husband or wife: Jos Creamer
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Jan 20th 1878
8. AGE: Years: 62 Months: 8 Days: 1 If less than one day: hrs. min.
9. Birthplace: Baltimore (Town, county, and state)
10. Usual occupation: At home
11. Industry or business
FATHER 12. Name: Platt
FATHER 13. Birthplace: Balto
MOTHER 14. Maiden name: Dora Kuss
MOTHER 15. Birthplace: Balto
16. Informant: Mrs Francis Adams
Address: 27 Japanese Road
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 25th 1940 (month) (day) (year)
Cemetery or crematory: Holy Redeemer Cem
Location: Baltimore
18. Funeral director: John Ulrich
Address: 2008 Orleans
19. Nov 22 1940 (Date rec'd by registrar) Dawson C. Farber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 21 1940, at 5:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1940, to Nov 20 1940, and that I last saw her alive on Nov 20 1940.

	DURATION
Immediate cause of death: Pneumonia	
Due to: Cerebral hemorrhage	3 days
Due to: ARTERIOSCLEROSIS	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Joseph Shlosa M.D.
M. D. or other
Address: 6307 Maryland Rd Date signed 11/22/40

RECEIVED
DEC 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

11389

CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH:

County Baltimore

City or town ~~Mor~~ White Hall R.T.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town White Hall Md R.T.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Albert Cromwell

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife: Rosella Cromwell

6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.): Jan 10-1868

8. AGE: Years 72 | Months 10 | Days 18 | If less than one day ___ hrs. ___ min.

9. Birthplace: Harford Co. Md (Town, county, and state)

10. Usual occupation: Laborer - Farm

11. Industry or business

FATHER

12. Name: Louis H. Cromwell

13. Birthplace: Unknown

MOTHER

14. Maiden name: Rachel Jane Johnson

15. Birthplace: Unknown

16. Informant: George E Cromwell Jr.

Address: Monkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 30-40 (month) (day) (year)

Cemetery or crematory: Union Chapel

Location: Monkton Md

18. Funeral director: P. Macklin Lee

Address: White Hall Md

19. Nov. 28, 1940 (Date rec'd by registrar) Anna Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 28 1940, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NOVEMBER 18 1940, to NOVEMBER 28 1940, and that I last saw him alive on NOVEMBER 27 1940.

Immediate cause of death	DURATION
ACUTE CARDIAC DECOMPENSATION	1 DAY
Due to ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE	15 YEARS
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George Albert, M.D. M. D. or other

Address Cockeysville, Md. Date signed 11/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (73-d) Reg. Dist. No. 44

CERTIFICATE OF DEATH

11390

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Chase (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Eastern Ave. Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Chase (If outside city or town limits, write RURAL and give town)
(d) Street No. Eastern Ave. Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Casper Dressel

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28 - 1863

8. AGE: Years 76 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual occupation Sailor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mary C. Dressel
(b) Address Chase Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-40 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John B. Connelly
(b) Address Essex Md.

19 (a) 11-8-40 (Date rec'd by registrar) (b) John B. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 6 1940, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1940, to Nov 6 1940, and that I last saw him alive on Nov 5 1940.

	Duration
Immediate cause of death Paralytic stroke	3 days
Due to Arteriosclerotic Cardiac vascular disease	?
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Baumgardner MD (M. D. or other)
Address Nov 6 1940 Date signed 11/5/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

NOV 14
ORLAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 11241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Dundalk (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 24 Broadship
Stay in hospital or insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 20 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Dundalk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 24 Braodship Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: HAROLD DRONSFIELD

3. (b) Social Security Number: 389-09-3955

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Dora Dronsfield
6(c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): August 24, 1889

8. AGE: Years	Months	Days	If less than one day
51	2	19	hrs. min.

9. Birthplace: England (Town, county, and state)
10. Usual occupation: Industrial engineer
11. Industry or business:
FATHER 12. Name: Taylor Dronsfield
FATHER 13. Birthplace: England
MOTHER 14. Maiden name: Emma Bradley
MOTHER 15. Birthplace: England
16. Informant: Mrs. Dora Dronsfield
Address: 24 Broadship, Dundalk, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 16/1940 (month) (day) (year)
Cemetery or crematory: Meadow Ridge Cem
Location: St Dennis Md
18. Funeral director: John Ulrich
Address: 2008 Orleans
19. 11/15/40 (Date rec'd by registrar) 19 40 Mrs. Edmund Reynolds Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 13 1940, at 8.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1940 to Nov 13 1940, and that I last saw him alive on Nov 13 1940.

Immediate cause of death	DURATION
Carcinoma of Sigmoid	1½ yrs.
Due to	
Due to	
Other conditions: Generalized Carcinoma of Abdominal Organs (Metastatic)	6 Months

(Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of Sigmoid
Of autopsy:

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to exfernal causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: A. W. Reier M.D.
M. D. or other
Address: Dundalk Md Date signed 11-14-40

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NOV 18 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11392

1. PLACE OF DEATH (46-E)

County BALTIMORE Registration Dist. No. 31

Village or City WOODLAWN No. HOLDER AVE St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME WILLIAM H. EBBERTS If U. S. Veteran, specify WAR NONE

(a) Residence: No. HOLDER AVE St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

SS# 216015562

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	White	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ELIZABETH B. EBBERTS

6. DATE OF BIRTH (month, day, and year) MAY 24-1892

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SALESMAN

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. BUTLER BRO'S

10. Date deceased last worked at this occupation (month and year) OCT-1940

11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (city or town) BALTIMORE (State or country) MARYLAND

FATHER

13. NAME WILLIAM H. EBBERTS

14. BIRTHPLACE (city or town) (State or country) MARYLAND

MOTHER

15. MAIDEN NAME ELIZABETH DANIELS

16. BIRTHPLACE (city or town) (State or country) MARYLAND

17. INFORMANT JANET M. JONES (Address) HOLDER AVE

18. BURIAL, CREMATION, OR REMOVAL Place WOODLAWN Date DEC 5th, 1940

19. UNDERTAKER Robt C & B. M. Walters (Address) Pratt & Stricker St Balto Md

20. FILED Dec. 3, 1940 Wm. E. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH NOVEMBER (Month) 30 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 1940, to 11/30, 1940

I last saw him alive on 11/30, 1940; death is said to have occurred on the date stated above, at 12.40 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	Growth

Other Contributory Causes of importance:

Obstructed bowels	7 day

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? X Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. X

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. C. [illegible] M. D.

(Address) 7901 Garrison Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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DEC 17 1940
BUREAU V. S.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

11393

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Balto

City or town: Annesliz
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Nursing Home - 812 Register Ave

How long in ~~hospital or~~ institution? 3 month

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: ~~Annesliz~~ Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No.: ~~812 Register Ave~~
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mary Blanche Edwards

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, ~~married, widowed, or divorced~~: Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Aug 10th 1866

8. AGE: Years: 74 Months: 3 Days: 13 If less than one day ... hrs. ... min.

9. Birthplace: Jamaica N.Y.
(Town, county, and state)

10. Usual occupation: Invalid

11. Industry or business: At Nursing Home

FATHER
12. Name: States Edwards
13. Birthplace: Toledo Ohio

MOTHER
14. Maiden name: Honora Batte
15. Birthplace: Balto. Md.

16. Informant: Howard R. Edwards
Address: 53807 Clearspring Rd

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: 11/26/40 (month) (day) (year)

Cemetery ~~or crematory~~: Greenmount

Location: Balto Md.

18. Funeral director: William Cook
Address: 1217 St. Paul St.

19. Nov 25 1940
(Date rec'd by registrar)

[signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 23rd 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/20 1940, to 11/23 1940 and that I last saw her alive on 11/23/40 19

Immediate cause of death: Arteriosclerosis.

Due to

Due to

Other conditions: Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: —

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: 5703 Harford Rd Date signed: 11/24/40

VS A15 (1)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 3 1910
BUREAU V. S.

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-a) Reg. Dist. No. 32

11394

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County

(b) City or town Pikesville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 500 Reisterstown Rd

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto.

(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)

(d) Street No. 500 Reisterstown Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Eichler

3 (b) If veteran, name war none

3 (c) Social Security No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of ~~husband~~ or wife Anna Marie Vitteale

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29. 1872

8. AGE: Years 68 Months 4 Days If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation awning mfg.

11. Industry or business

FATHER 12. Name John Eichler

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant John C. Eichler

(b) Address 118 S Symington av

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Calonsville Dec. 2 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balt Cty

18 (a) Funeral director Harry H Witzke

(b) Address 4101 Edmondson av

19 (a) Nov. 29 (Date rec'd by registrar) (b) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. Date of death November 29th 1940, at 6.45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 28th 1940, to Nov. 29th 1940, and that I last saw him alive on Nov. 29th 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertension	1 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James A. Miller Md. M. D. or other

Address Pikesville, Md. Date signed 11/29/40

RECEIVED
DEC 3 1940
BUREAU V. S.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ORIGINAL CERTIFICATE FILED November 13, 1952, Vital Records.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) Walkern Rd. McEntee Gy.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Mary Agnes Emala

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 27, 1940

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Aug. 9, 1869
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 3 Days 18 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael Biniecki
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Stephen Emala, Middle River

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) CORONARY OCCLUSION
DUE TO IMMEDIATE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ARTERIOSCLEROSIS
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE George H. Davis (DEGREE OR TITLE) M.D. ADDRESS 6 E. Read, DATE SIGNED 2

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 30-1940
NAME OF CEMETERY OR CREMATORY Sacred Heart
LOCATION (City, town, or county) (State) German Hill Rd. Balto

DATE REC'D BY LOCAL REG. NOV 13 1952
REGISTRAR'S SIGNATURE A. W. HEDRICH L
24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (S)

Reg. Dist. No. 41

CERTIFICATE OF DEATH

11395

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Sparrows Point. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 1219 Beechwood Rd.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)

(d) Street No. 1219 Beechwood Rd (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME (Stillborn Infant) ESTES.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 13. 1940.

8. AGE: Years Months Days If less than one day

stillborn - hr. min.

9. Birthplace Sparrows Point. Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Amanson Roosevelt Estes

13. Birthplace Green Co. Va.

MOTHER

14. Maiden Name Mary Dorothy Darnell

15. Birthplace Charlottesville Va.

16 (a) Informant Mary Estes.

(b) Address as above.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 14. 1940 (month) (day) (year)

(c) Cemetery or crematory

Location Private

18 (a) Funeral director none

(b) Address

19 (a) 11/23/40 (Date rec'd by registrar) (b) Philip [illegible] Local Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 13 1940, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to Nov. 13 1940, and that I last saw him ~~alive~~ dead on Nov. 13 1940.

Immediate cause of death Premature (2 mo).

Due to Stillbirth.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis N. Tollen M. D. (M. D. or other)

Address Sparrows Point. Date signed 11/21/40

W M Carmine Md Reg.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11396

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Mercy Villa, Bellona Avenue
Stay in hospital or inst. (yrs., or mos., or days) 3 mo.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Washington, D. C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1724 H. Street, N. W.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME
Leila Ewing

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles Beverly Ewing
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 9, 1864

8. AGE: Years 76 | Months 6 | Days 20 | If less than one day hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Simeon M. Johnson
13. Birthplace: Michigan

MOTHER
14. Maiden name: Ellen Roche
15. Birthplace: Maryland

16. Informant: Paul Johnson
Address: 1023 16th St., N. W. Wash., D. C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 2, 1940 (month) (day) (year)
Cemetery or crematory
Location: Washington, D. C.

18. Funeral director: Jos. Gawler's Sons
Address: 1750 Penna., Ave., N. W., Wash., D.C.

19. Nov 29 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1940, at 4:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1st 1940, to Nov 29 1940, and that I last saw her alive on Nov 28 1940.

	DURATION
Immediate cause of death: Myocarditis	Not known
Due to: Old Age -	
Due to:	
Other conditions: Oedema of Lungs	36 hrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operation
Of autopsy: No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No, Date of: None
Where did injury occur? (City or town) No injury (County) (State)
Injured at home, farm, industry, public place (where?): None
Means of injury: None Injured at work? No

23. SIGNATURE: Edward F. Smith M.D.
M. D. or other
Address: 920 St. Paul St. Baltimore, Md. Date signed 11/29/40

Dr. E. P. Smith

920 St Paul St.

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11397

Reg. Dist. No. 38

1. PLACE OF DEATH:
County Baltimore
City or town Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Sheppard & Enoch Pratt Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2yr 4mo 9da
Stay in this community (yrs., or mos., or days) 2yr 4mo 9da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Penna County Centre
City or town Unionville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Miss Sarah Jane Fisher

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 23, 1858

8. AGE: Years 82 | Months — | Days 16 | If less than one day — hrs. — min.

9. Birthplace Centre Co. Penna (Town, county, and state)
10. Usual occupation none
11. Industry or business —

FATHER
12. Name William Penn Fisher
13. Birthplace Penna

MOTHER
14. Maiden name Esther Wilson
15. Birthplace Penna

16. Informant Hospital records
Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof Nov. 9 1940 (month) (day) (year)
Cemetery or crematory Oak Ridge, Unionville Pa.
Location

18. Funeral director Dean K. Watzler
Address Milesburg Pa.

19. Nov 9 1940 (Date rec'd by registrar) Stephen Vaughan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1940, at 5 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 30 1938, to Nov 9 1940, and that I last saw her alive on Nov. 8 1940.

Immediate cause of death Bronchopneumonia — DURATION 2 days

Due to confinement in bed

Due to weakness

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE Arthur E. Pattrell
Arthur E. Pattrell, M. D. M. D. or other
Address Sheppard-Pratt Hospital Date signed 11/9/40
Towson, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 3 1940
BUREAU V. S.

Mrs Fritz

11398

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 43

1 PLACE OF DEATH

County Balto

Village or City Raspeburg (No. 107 Raspe Ave St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Martha Ellen Fitzgerald

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (Write the word)
Female	White	Widowed

6 DATE OF BIRTH: Mar 9th (Month) (Day), 1859 (Year)

7 AGE: 81 yrs. 8 mos. 7 ds. | If LESS than 1 day ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed or (employer): At Home

9 BIRTHPLACE (State or country): Ohio

PARENTS

10 NAME OF FATHER: James Lundy

11 BIRTHPLACE OF FATHER (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Mary Turner

13 BIRTHPLACE OF MOTHER (State or Country): Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. A. Burns

(Address) 107 Raspe Ave - Raspeburg

15 Filed 11/17 1940 Mrs. G. A. Fritz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 16, 1940 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Aug 19 1940 to Nov 16, 1940 that I last saw h[illegible] alive on Nov 16, 1940 and that death occurred on the date stated above, at 5:25 p.m.

The CAUSE OF DEATH * was as follows:

Apnoea Brachii
Arteriosclerosis
Chronic cystitis
about 3 yrs.

(Duration) 3 yrs. ___ mos. ___ ds.

Contributory Secondary: Pulmonary tuberculosis

(Duration) ___ yrs. ___ mos. 2 ds.

(Signed) A. Reed Nelson M. D.

11/16 1940 (Address) 4116 Northern Parkway

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death [illegible] yrs. ___ mos. ___ ds. In the State [illegible] yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL ~~OR REMOVAL~~: Parkwood Cemetery — DATE OF BURIAL: Nov 19th, 1940

20 UNDERTAKER: William Cook — ADDRESS: 1217 St. Paul St

If more blanks are needed, addre[illegible] State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

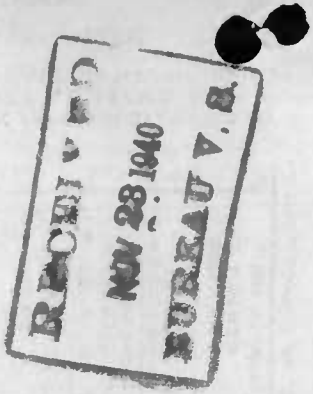
N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)



Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48B)

11399

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No. 10 Burkleigh Square
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Julia A. Fitzpatrick

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Frank P. Fitzpatrick

6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 2/27/1872

8. AGE: Years 68 Months 9 Days 18 If less than one day ..... hrs. ..... min.

8. Birthplace Ireland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Michael Farrelly
13. Birthplace Ireland

MOTHER
14. Maiden name Catherine - P.
15. Birthplace Ireland

16. Informant Mrs. F. P. Fitzpatrick
Address 10 Burkleigh Square

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/22/40 (month) (day) (year)

Cemetery or crematory New Cathedral

Location Baltimore Md.

18. Funeral director J. J. Fahey & Sons
Address 318 Light St.

19. 11/20 (Date rec'd by registrar) 19 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18th 1940 at 10 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7th 1938 to Nov. 18th 1940 and that I last saw h[illegible] alive on November 18th 1940

Immediate cause of death: Adeno-carcinoma of the uterus c̄ Pulmonary Metastasis

DURATION

Due to

Due to

Other conditions: Chronic Cholecystitis; Hypertrophic Arthritis
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE Robert H. Allison (M.D.)
M. D. or other

Address 4 Burkleigh Sq. Date signed 11-20-40

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

11400

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore County
City or town: Woodlawn Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Summit Avenue
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 3 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Woodlawn Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Summit Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World War 1918

3. (a) FULL NAME: Lawrence Foster

3. (b) Social Security Number: 217-09-9299

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife: Mrs Gertrude Foster
6(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): December 27, 1892

8. AGE: Years	Months	Days	If less than one day
47	10	19	hrs. min.

9. Birthplace: Baltimore Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Various jobs
FATHER 12. Name: Lawrence Foster
FATHER 13. Birthplace: Baltimore Md
MOTHER 14. Maiden name: Georgiana ?
MOTHER 15. Birthplace: Baltimore Md
16. Informant: Mrs. Gertrude Foster
Address: Woodlawn Maryland.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 19, 1940 (month) (day) (year)
Cemetery or crematory: New National
Location: Frederick Road
18. Funeral director: Townsend & Donovan
Address: 3615-17 Eastern Ave.
19. NOV. 16 1940 (Date rec'd by registrar) Henry Dunning Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 15 1940 at 11 15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 14 1940, to Nov. 15 1940, and that I last saw him alive on Nov. 15 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	1 hour.
Due to Chronic Myocardial Degeneration	1 yr.
Due to	
Other conditions: Acute Epididymitis	7 days.

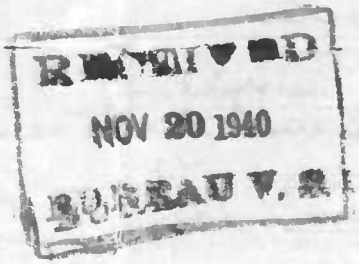
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: not done

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Joshua H. Armacost M.D.
M. D. or other
Address: Woodlawn, Md Date signed: Nov 16 1940


NOV 20 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

11401

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Cockeysville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 & Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Cockeysville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charlotta R. Freeland

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Levi E. Freeland

6(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): Jan. 15, 1863

8. AGE: Years	Months	Days	If less than one day
77	10	7	hrs. min.

9. Birthplace: Carleton Balto Co., Md.

(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Jerry Talbott

13. Birthplace: Balto. Co. Md.

MOTHER — 14. Maiden name: Margaret Handley

15. Birthplace: Balto Co., Md.

16. Informant: Levi E Freeland

Address: Cockeysville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10 1940 (month) (day) (year)

Cemetery or crematory: Jessops

Location: Sparks, Md.

18. Funeral director: Landon M. Brooks

Address: Sparks, Md.

19. Nov. 8 1940 Wilmer C. Ensor

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 8 1940, at 7 40 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sunday 1938 to Nov 8 1940, and that I last saw h[illegible] alive on Nov 8 1940.

Immediate cause of death	DURATION
Epithelioma of Right breast	3 yrs.
Due to	
Due to	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: injured at work?

23. SIGNATURE: Wilmer C. Ensor M.D.

M. D. or other

Address: Cockeysville Md. Date signed Nov 8/40.

RECEIVED
NOV 23
BUREAU

STATE OF MARYLAND—CERTIFICATE OF DEATH

11402

163-F

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 44

Village or City Sparrows Point — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Edith H. Gailey — If U. S. Veteran, specify WAR ____

(a) Residence: No. 918 E. st — Sparrows Point Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Gailey

6. DATE OF BIRTH (month, day, end yeer) Jan 2 - 1896

7. AGE Years	Months	Days	If LESS than 1 dey, ____ hrs. or ____ min.
44	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at home

10. Date deceased last worked at this occupetion (month and year) ____

11. Total time (yeers) spent in this occupation ____

12. BIRTHPLACE (city or town) (Stete or country) Penna.

FATHER

13. NAME Charles Golden

14. BIRTHPLACE (city or town) (Stete or country) Mass.

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Wm H. Gailey (Address) 918 E st. Spathows pt.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Baltimore Cem, Date NOV. 6 19 40

19. UNDERTAKER Philip Herwig Sons (Address) 2024 Eastern

20. FILED NOV 4 - 19 40 Dawson L. Harbor Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 (Month) 2 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 - 1940 to Nov 2 - 1940

I last saw h-r alive on Nov. 1 - 1940; death is said to heve occurred on the dete stated ebove, et 10 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Suicide due to drinking Lysol — Date of onset ____

Other Contributory Causes of Importance: Melancholia

Name of operation ~ Date of ____

What test confirmed diegnosis? Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ____, 19____

Where did injury occur? ~ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ____

Neture of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ~

If so, specify ____

(Signed) Dawson L. Harbor M. D.

(Address) Sparrows Point, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93d)

11403

CERTIFICATE OF DEATH

Reg. Dist. No. 33

(M)

1. PLACE OF DEATH:

County Balto.

City or town Owings Mills
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Owings Mills
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Mary Arabella Gore

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

8.(b) Name of husband or wife Clarence W. Gore

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 8, 1852

8. AGE: Years	Months	Days	If less than one day
88	5	15	..... hrs. ..... min.

9. Birthplace Carroll Co.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Rozelle S. Gore
13. Birthplace Carroll Co.

MOTHER
14. Maiden name Sarah Jane Paxton
15. Birthplace Carroll Co.

16. Informant Mrs. Claude A. Warner
Address Owings Mills, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov. 25, 1940
(month) (day) (year)

Cemetery or crematory Wesley Chapel

Location Freedom Carroll Co.

18. Funeral director J. F. Eline & Sons
Address Reisterstown, Md.

19. Nov-25 1940 [signature] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 23 1940, at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-8 1936, to 11-23 1940.
and that I last saw her alive on 11-22 1940.

Immediate cause of death	DURATION
arteriosclerosis	5 yrs.
Hypertensive C-V. Disease	10 yrs.
Due to Rheumatic Heart	40 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None.

Date of op.

Autopsy results None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. D. Caples, M. D.
M. D. or other

Address Reisterstown, Md. Date signed 11-24-40.

VS A15

MARGIN RESERVED FOR BINDING

(I)

(T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

11404

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 (T) (1) (M)

1. PLACE OF DEATH:
County Balto. Md.
City or town Hyde
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Baltimore
City or town Hyde Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amos Guy

3. (b) Social Security Number

4. Sex M. | 5. Color or race B. | 6. (a) Single, married, widowed, or divorced Widowed

B (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Mar 19-1861

8. AGE: Years 79 | Months 8 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace Md. (town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Amos Guy Jr.

Address Hyde Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-25-40 (month) (day) (year)

Cemetery or crematory Mt. Zion

Location Longview Md.

18. Funeral director Clarence E. Arthur

Address Fork Md.

19. 11-27-40 (Date rec'd by registrar) H. M. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 24 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 13 1940, to Nov. 24, 1940, and that I last saw him alive on Nov. 23, 1940.

Immediate cause of death Congestive Heart failure — DURATION 2 wks.

Due to Myocardial degeneration — 2 yrs.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clifford F. Hudson M.D. M. D. or other

Address Fork, Md. Date signed 11/25/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11405

91-a

CERTIFICATE OF DEATH

Reg. Diat. No. 40

1. PLACE OF DEATH:
County Balto
City or town Glen Arm Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town Glen Arm
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Anna Marie Hagan

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife James F. Hagan
B.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1883.

8. AGE: Years 57 | Months 1 | Days 17 | If less than one day ... hrs. ... min.

9. Birthplace Hartford Co. Md.
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name John Shanahan
13. Birthplace Md.

MOTHER
14. Maiden name Annie A. Connor
15. Birthplace Md.

16. Informant Mr. Francis Hagan
Address Glen Arm Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov 13 1940 (month) (day) (year)
Cemetery or crematory St. Johns
Location Long Green
Valley View

18. Funeral director Shirley V. Gosso
Address Bussey Md.

19. 11-12-40 19 (Date rec'd by registrar) D. M. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 10 1940, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940, to Nov. 10 1940 and that I last saw her alive on Nov 10 1940

	DURATION
Immediate cause of death Cerebral Embolism	36hrs
Due to Subacute bacterial endocarditis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations none
Date of op.
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. Edwin Mueller M. D. or other
Address 2 W. Read St Date signed Nov 11 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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NOV 12 1940
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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164-C

Registered No. 11406

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Aletta Ave - Sandowne
(c) Hospital or institution: Baltimore, Co.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Mack Hare [HAIR]

3 (b) If veteran, name war None
3 (c) Social Security Account No. 241-01-6517

4. Sex M
5. Color or race W
6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 1916

8. AGE: Years 24 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Pineville NC (Town, county, and state)
10. Usual Occupation Driver Horton
11. Industry or business Motor Lines

FATHER
12. Name M G Hair
13. Birthplace Lexington Co. S C.

MOTHER
14. Maiden Name Loda. Downs
15. Birthplace Pineville NC.

16 (a) Informant Mr M G Hair
(b) Address Pineville NC

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-10-40 (month) (day) (year)
(c) Cemetery or crematory Pineville. Cem.
Location Pineville NC.

18 (a) Funeral director William J Tickner + Sons
(b) Address Norch + Pennsylvania Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1940, at 11 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of head

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~~Suicide~~
(b) Date of occurrence 11/8/40
(c) Where did injury occur? Aletta Ave, Sandowne, Balti Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury 38 cal. lead bullet - pistol

23. Signature Wm B Vander Luft M.D. Medical Examiner.
Date signed 11/9/40

VS 6

(over)

MARGIN RESERVED FOR BINDING

PLEASE WRITE [illegible]Y, WITH UNFADING INK. Every item of information should [illegible] carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

THE MORGUE

Chief Grimes and State's Attorney Ensor of Balto. Co. Md and Lieut. Wm Dorsey. Are satisfied that his death was due to a self-inflicted bullet wound of head.

11/10/40 J. V. J. Waldeis M.O.

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NOV 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46-E)

11407

CERTIFICATE OF DEATH

Reg. Dist. No. 31

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Balto Co.

City or town: Randalls town P.O.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Balto

City or town: Wymans Rd. Randallstown P.O.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Maryland Virginia Hanna

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Married

6.(b) Name of husband or wife: Robert Nelson Hanna

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 9 -

8. AGE: Years: about 70. Months: Days: If less than one day: hrs. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Charles E. Egerton
13. Birthplace: Unknown

MOTHER
14. Maiden name: Mary V. Turner
15. Birthplace: Unknown

16. Informant: Robert N. Hanna
Address: Wymans Rd. Randallstown P.O.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 23-40 (month) (day) (year)

Cemetery or crematory: Lorraine

Location: Woodlawn

18. Funeral director: Wm Cook

Address: 1217 St Paul St

19. Nov 22 1940 (Date rec'd by registrar) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 22- 1940, at 1 00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1940, to Nov. 22, 1940 and that I last saw him alive on Nov. 20 at 1940

Immediate cause of death	DURATION
Carcinoma of colon	3 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wm. E. Martin M. D. or other

Address: Randallstown Date signed: 11/23/40

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BUREAU V. S.

Dr Reier 6701 York Rd Evergreen 917

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

11408

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Balto

City or town: Woodbrook
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Woodbrook Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Benjamin Franklin Hanway Jr

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Elizabeth Hinrich

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan 1st 1871

8. AGE: Years: 69 Months: 10 Days: 5 If less than one day ____ hrs. ____ min.

9. Birthplace: Belair Md
(Town, county, and state)

10. Usual occupation: Butcher

11. Industry or business: Self

FATHER
12. Name: B. F. Hanway
13. Birthplace: Md

MOTHER
14. Maiden name: Mrs Elizabeth H. Hanway
15. Birthplace: Woodbrook Md.

16. Informant: Elizabeth H. Hanway
Address: Woodbrook Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 8 - 40 (month) (day) (year)

Cemetery or crematory: Calvary Church Yard

Location: Harford Co.

18. Funeral director: William Cook
Address: 1217 St. Paul St

19. Nov 7 1940 (Date rec'd by registrar) W. Burrell Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 6th 1940, at 2 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1940, to Nov. 6 1940, and that I last saw him alive on Nov 5 1940.

Immediate cause of death: Intestinal obstruction — DURATION: 6 days

Due to: Carcinoma of stomach — 1 year

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Carcinoma of stomach with metastasis to surrounding Symphatic
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: C. H. Reier M. D. or other

Address: 6701 York Rd Date signed: 11/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 14 1940
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

11409

Reg. Dist. No. 34

PLEASE WRITE PLAINLY—WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Brooklyn ville - Rural near
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Brooklyn ville - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Amos Benjamin Harris

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Adella Harris

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) January 10 - 1871

8. AGE:

Years	Months	Days	If less than one day
69	10	4	____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business own farm
FATHER 12. Name Caleb Harris
13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant George Harris
Address Hampstead Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 17-40 (month) (day) (year)
Cemetery or crematory Grave Run
Location Baltimore Co.
18. Funeral director Edw C Tipton
Address Hampstead Md
19. Nov. 16 1940 (Date rec'd by registrar) Cyril E. Fowble M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 14 1940 at 10 a.m. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1936 to Nov. 1940 and that I last saw h~~im~~ alive on June 1940

Immediate cause of death	DURATION
Coronary Thrombosis	—
Due to Arterio-sclerosis	6 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Maurice C. Porterfield M. D. or other
Address Hampstead, Md Date signed 11-15-40

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DEC 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11410

1. PLACE OF DEATH (94a)

County Baltimore Registration Dist. No. 41

Village or City Turners Station No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cicero B. Harris If U. S. Veteran, specify WAR

(a) Residence: No. 201 Walnut Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M.

6. DATE OF BIRTH (month, day, and year) Nov. 14-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. unemployed

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Littleton, N. C.

FATHER

13. NAME Osborne Harris

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Eva Harris

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs. Ida Harris (Address) Turners Station Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 11-8-40

19. UNDERTAKER Archibald A. Guddis (Address) 2101 McCulloh St.

20. FILED 11/6/40, 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 5 - 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11/5/40, 19 to 11/5/40, 19

I last saw him alive on 5th nov, 1940; death is said to have occurred on the date stated above, at 7 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/5/40

Other Contributory Causes of importance:

Arteriosclerosis	unknown

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. H. Thomas M. D.

(Address) 1012 S. St. Sparrows Pt. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1:

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

11411

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Spring Grove State Hosp.

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? since Sept.12,1940

Hospital, institution, or street address where death occurred: Spring Grove, State Hospital

How long in hospital or institution? since Sept.12,1940

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Hallifield Woodlawn P.O. (If outside city or town limits, write RURAL and give nearest town)

Street No.: Quaker Hill (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Rose Heacock

3. (b) Social Security Number: none

4. Sex: F.

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ~~84~~? Nov. 27, 1856

8. AGE: Years 84 83 | Months ?11 | Days ?20 | If less than one day: hrs. min.

9. Birthplace: ~~Baltimore~~ Pennsylvania Co Maryland (Town, county, and state)

10. Usual occupation: Home

11. Industry or business: Dairy Home

FATHER 12. Name: John P. Heacock

13. Birthplace: Maryland

MOTHER 14. Maiden name: Hannah Hartley

15. Birthplace: Maryland

16. Informant: Nephew: Mr. John V. Duvall

Address: Dogwood Rd. near Old Court Rd. Woodlawn, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 19 1940 (month) (day) (year)

Cemetery or crematory: Heacock Family Cem.

Location: Quaker Hill Hallifield Md

18. Funeral director: Easton Sons

Address: Ellicott City

19. 11/18 1940 (Date rec'd by registrar) [signature] Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 16, 1940, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 12, 1940, to Nov. 16, 1940 and that I last saw her alive on Nov. 16, 1940

Immediate cause of death	DURATION
Coronary Sclerosis	bef. 1940
Due to General Arteriosclerosis	bef. 1940
~~xxxx~~ Crhonic nephritis	bef. 1940
Other conditions Senile Psychosis	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Else Pappenheim M. D. or other

Else Pappenheim, M. D.

Address: Spring Grove Hospital Date signed: 11/16/40

Authorization for corrections filed under Else Pappenheim
12/2/40

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DEC 2 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11412

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 49 years, 8 mos., 1 day

Hospital, institution, or street address where death occurred: Spring Grove State Hospital

How long in hospital or institution? 49 years, 8 mos., 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Floyd Hickman

3.(b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): unk

8. AGE: Years: 87 Months: Days: If less than one day ... hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Painter

11. Industry or business

FATHER: 12. Name: unk. 13. Birthplace

MOTHER: 14. Maiden name: unk. 15. Birthplace

16. Informant: Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/23/40 (month) (day) (year)

Cemetery or crematory: Spring Grove State Hosp

Location: Catonsville Md

18. Funeral director: Spring Grove State Hosp

Address

19. 11/23 1940 (Date rec'd by registrar) H. Hudson Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 18, 1940, at 10:20 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19, 1936, to November 18, 1940 and that I last saw him alive on November 18, 1940

Immediate cause of death	DURATION
Chronic myocarditis before	1940
Due to Generalized arteriosclerosis before	1940
Due to Chronic parenchymatous nephritis before	1940
Other conditions Fracture, simple of surgical neck right femur, accidental (Include pregnancy within 3 months of death)	16 days

Major findings of operations: none. Fracture due to an accidental fall. C.W.G.R.

Date of op.

Autopsy results: As given above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident. Date of: October 29, 1940.

Where did injury occur? Spring Grove Hospital, Catonsville (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) North Wing, main Building

Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp, M.D. M. D. or other

Address: Spring Grove St. Hosp. Date signed: 11-22-40

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DEC 2 1940
BUREAU V. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 3 11413

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Liberty Road

(c) Hospital or institution Randallstown

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) about 12 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Randallstown
(If outside city or town limits, write RURAL and give town)

(d) Street No. Liberty Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Clarence Lewis Hill

3 (b) If veteran, name war: Yes, Mexican + World War

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 19 1887

8. AGE: Years 53 | Months 3 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Georgia
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business U. S. Army

FATHER

12. Name Unknown

13. Birthplace

MOTHER

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Mrs. William E. Sullivan

(b) Address Liberty Rd. Randallstown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6-40 (month) (day) (year)

(c) Cemetery or crematory Sardis Cemetery

Location Timmonsville S. C.

18 (a) Funeral director Frank A. Newell

(b) Address Pikesville, Md.

19 (a) Nov 3 1940 (Date rec'd by registrar) (b) Wm E Martin Registrar

MEDICAL CERTIFICATION

20. **DATE OF DEATH** Nov. 3 1940, at 12 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1940 to Nov 3 1940, and that I last saw him alive on Nov 2 1940.

	Duration
Immediate cause of death: Tuberculosis Laryngeal	15 m.
Due to: Tuberculosis of Lung	3 y.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. E. Martin M. D.

Address Randallstown Date signed 11/3/40

VS 3

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DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-6)

CERTIFICATE OF DEATH

11414

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Uppers, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Uppers, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Laura V. Hughes.

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John S. Hughes Sr.
6(c) If alive, give age: 81 years
7. Birth date of deceased (mo., day, yr.): July 12, 1859.
8. AGE: Years: 81 Months: 3 Days: 28 If less than one day: hrs. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home
FATHER 12. Name: Hazlett.
FATHER 13. Birthplace: unknown
MOTHER 14. Maiden name: unknown
MOTHER 15. Birthplace: unknown
16. Informant: Mrs. John S. Hughes.
Address: Uppers, Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov 13/40 (month) (day) (year)
Cemetery or crematory: St Paul's
Location: Uppers Md
18. Funeral director: Elbert E Tipton
Address: Hampstead Md
19. Nov. 10 (Date rec'd by registrar) 1940 Cyril E. Fowble M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 10 1940, at 11:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 2 1940, to Nov 9 1940 and that I last saw h-er alive on Nov 9 1940

	DURATION
Immediate cause of death: Generalized Carcinomatosis	
Due to: Carcinoma Uteri	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: Injured at work?

23. SIGNATURE: Joseph E. Bush M.D.
M. D. or other
Address: Hampstead Md Date signed 10-10-40

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DEC 3 1940
BUREAU V. S.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1396)

CERTIFICATE OF DEATH

11415

Reg. Dist. No. 30

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Spring Grove State Hospt.
How long in hospital or institution? 3 yrs - 10 mos - 19 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 342 S. Calhoun St
(If rural, give LOCATION)
2.(a) If veteran, name war No

3. (a) FULL NAME Mrs Christina Huss

3. (b) Social Security Number HUSS None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	married.

6.(b) Name of husband or wife Mr ?? Huss
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1863

8. AGE: Years	Months	Days	If less than one day
77	0	8	..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Frederick Heinrich
13. Birthplace Germany
MOTHER 14. Maiden name Christina Yokel
15. Birthplace Germany
16. Informant Records - Spring Grove State Hospt
Address Catonsville, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 19, 40 (month) (day) (year)
Cemetery or crematory Western
Location Edmondson ave
18. Funeral director Geo Weber & Son
Address 2303 Edmondson ave
19. 11/16- 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 16, 1940 at 2.40 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-20- 1940, to 11-16- 1940
and that I last saw her alive on 11-16-40 1940

Immediate cause of death	DURATION
1. Chronic Myocarditis	5-8 yrs
Due to 1. Generalized arteriosclerosis	5-8 yrs
2. Chr. Interstitial Nephritis	5-8 yrs
Due to	
Other conditions Senile psychosis	4-5 yrs
prostration following hysterectomy	

(Include pregnancy within 3 months of death)

Major findings of operation complete prolapse + inversion Date of op. 11-14-40
Autopsy results Refused permission
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Robert E. Gardner M.D.
M. D. or other
Address Catonsville Date signed 11-16-40
Spring Grove State Hospt.

NOV 20 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11416

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0 yrs., 4 mos., 8 days
Hospital, Institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
How long in hospital or institution? 0 yrs., 4 mos., 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No. 108 McPhail Street
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Mrs. Eva Hyland

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: James Hyland
6.(c) If alive, give age: 25 years

7. Birth date of deceased (mo., day, yr.): July 22, 1917

8. AGE: Years	Months	Days	If less than one day
23	3	22	hrs. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: Charles Waddell
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden name: Rose Smith
15. Birthplace: England

16. Informant: Mrs. Eva Hyland
Address: 108 McPhail St., Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 16, 1940 (month) (day) (year)
Cemetery or crematory: Lorraine Cemetery
Location: Woodlawn, Md.

18. Funeral director: Joseph B. Cook
Address: 1003 W. Baltimore St., Balto., Md.

19. Nov. 13 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 13, 1940 at 7:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5, 1940, to Nov. 13, 1940 and that I last saw her alive on November 13, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	2 yrs., 6 mos.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)
Major findings of operations: No operations
Date of op.:
Autopsy results: No autopsy
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Stewart S. Shaffer M.D.
M. D. or other
Address: Mt. Wilson, Md. Date signed: 11/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 19 1940
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8) Reg. Dist. No. 38

CERTIFICATE OF DEATH

11417

1. PLACE OF DEATH
(a) County Baltimore
(b) City or town Towson - Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital or institution: Old Harford Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 3

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Towson - Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Old Harf. Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? —years

3 (a) **FULL NAME** Infant Girl Hyman

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fe	White	Single

6 (b) Name of husband or wife —

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/12/40

8. AGE: Years | Months | Days | If less than one day
Stillborn hr. min.

9. Birthplace Towson, Balto. Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name John J. Hyman
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary V. Wagner
15. Birthplace Balto. Md.

16 (a) Informant John J. Hyman
(b) Address Towson R.F.D. 6

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/40 (month) (day) (year)
(c) Cemetery or crematory Dean property
Location Old Harf. Rd.

18 (a) Funeral director John J. Hyman
(b) Address Old Harf. Rd.

19 (a) 11/12/40 (Date rec'd by registrar) (b) G. M. Bacon Registrar

MEDICAL CERTIFICATION

20. Date of death 11/12 1940, at — M

21. I certify that death occurred on the date above stated; that I attended deceased from —19—, to —19—, and that I last saw him alive on —19—.

Immediate cause of death Child had been dead about 10 days — Gross gestation

Due to Unknown

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature G. M. Bacon M. D. or other
Address Parkville, Md. Date signed 11/12/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11418

(131-a)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville No. 168 Winters Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Reverend Charles Johnson

(a) Residence: No. 168 Winters Ave St., Ward. (Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Elizabeth

6. DATE OF BIRTH (month, day, and year): March 12 - 1876

7. AGE: Years 64 | Months 7 | Days 22 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Minister

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Cockeysville Md.

FATHER

13. NAME: James A. Johnson

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Jane Howard

16. BIRTHPLACE (city or town) (State or country): Cockeysville Md.

17. INFORMANT (Address): Rev. Richard Johnson, Newburg, Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Cockeysville Md. Date: 11-7, 1940

19. UNDERTAKER (Address): Mrs. Geo. H. Holland, 1631 Druid Hill Ave., Balto. Md.

20. FILED: 11/6, 1940 H. L. Sanders, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 29, 1940, to November 4, 1940

I last saw him alive on Nov. 3, 1940; death is said to have occurred on the date stated above, at 3 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	1936
Other Contributory Causes of importance: Arteriosclerosis	1936

Name of operation: None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. H. Wright M. D.

(Address) 1209 Presbyterian St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

DEC 5 1940 FILED

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

11419

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Balto Co
City or town Bradshaw
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto-
City or town Bradshaw Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John James Jones

3. (b) Social Security Number

4. Sex Male

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1871

8. AGE: Years 69 | Months 3 | Days — | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Truck Driver

11. Industry or business

FATHER 12. Name James Jones
13. Birthplace Md

MOTHER 14. Maiden name Rebecca Luttrell
15. Birthplace Md

16. Informant John L Jones Jr
Address Bradshaw Md

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) Nov (day) 23 (year) 40

Cemetery or crematory Salem Meth Cemetery
Location Upper Falls

18. Funeral director David Donovan
Address Upper Falls Md

19. (Date rec'd by registrar) 11-24-40 Registrar W M Stamm

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1940, at 12:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-21 1940, to 10-20 1940, and that I last saw him alive on 10-19- 1940.

	DURATION
Immediate cause of death Cerebral hemorrhage.	
Due to Hypertensive arterial-sclerotic heart disease	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Jno O Hodous M.D.
M. D. or other
Address Edgewood Md Date signed 11-20-40

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-d)

11420

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Balto

County Mt Washington

City or town

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Balto.

City or town Mt. Washington Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Falls Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Same. T. Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unk.

8. AGE:

Years	Months	Days	If less than one day
76			hrs. min.

9. Birthplace unknown
(Town, county, and state)

10. Usual occupation unknown

11. Industry or business

FATHER
12. Name
13. Birthplace unk.

MOTHER
14. Maiden name
15. Birthplace unk.

18. Informant

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof 12-4th 1940
(month) (day) (year)

Cemetery or crematory Pleasant Rest Cem.

Location Towson Balto Co. Md

18. Funeral director Byron & Mamie W. Wright

Address 1218 McElderry St. Balto Md

19. Dec 3 1940 Wilbrall Van Horn
(Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29th 1940, at ? M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19 , to 19~~ ~~and that I last saw h alive on 19~~

Immediate cause of death Valvular heart disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. E. Nyse Supy M Dex
M. D. or other

Address Pikesville Md Date signed 11-30-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 10 1940
BUREAU F. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore (93-1)

11421

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? About 74 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? --------

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infante give residence of mother)

State: Maryland County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 409 W. Chesapeake Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Annie C. Kelly

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6.(b) Name of husband or wife: James A. Kelly

6.(c) If alive, give age: --- years

7. Birth date of deceased (mo., day, yr.): ----------

8. AGE: Years	Months	Days	If less than one day
About 74	---	---	--hrs. ----min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: -----

FATHER
12. Name: John Gannon
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary McCrea
15. Birthplace: Ireland

16. Informant: Miss Katherine Kelly

Address: 409 W. Chesapeake Avenue

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/6/40 (month) (day) (year)

Cemetery or crematory: Holy Cross

Location: Harford Avenue

18. Funeral director: H. W. Mears and Son

Address: 805 N. Calvert Street

19. Nov 5 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 2, 1940 at 10:40 A. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 29, 1940, to Nov 2 1940 and that I last saw her alive on Nov 2, 1940.

	DURATION
Immediate cause of death: Acute Cardiac Dilatation	1 hr.
Due to: Chronic Myocarditis	
& Arteriosclerosis	5 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Lloyd E. Taylor M. D. or other

Address: 3903 Greenmount ave. Balto. Md. Date signed: Nov. 4, 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 13 1940
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (45-C)

11422

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH:
County Balto Co.
City or town Lutherville (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Chestnut Ridge, Balto Co.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 20 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Balto.
City or town Rural near Lutherville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. none
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George Shaid Kemp.
3. (b) Social Security Number none

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Clara Jane L Loryd Kemp
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Feb. 5TH 1866
8. AGE: Years 74 Months 9 Days 4 If less than one day ____ hrs. ____ min.
9. Birthplace near Hampstead, Balto. County, Md. (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Alfred Kemp
13. Birthplace Baltimore County
MOTHER 14. Maiden name Willhelm
15. Birthplace Baltimore County
16. Informant Virginia Stella Tawney
Address Reisterstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 12, 1940 (month) (day) (year)
Cemetery or crematory Mt. Zion Cemetery
Location Black Rock Road.
18. Funeral director Wm. Berryman & Sons
Address Reisterstown, Md.
19. 11/11 1940 (Date rec'd by registrar) E. E. Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1940, at 2:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-16 1940, to 11-9 1940, and that I last saw him alive on 11-9-40 1940.

Immediate cause of death	DURATION
Carcinoma of palate	1 yr.
Due to	
Due to	
Other conditions Arteriosclerosis.	2 yrs.

(Include pregnancy within 3 months of death)
Major findings:
Of operations None.
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide None. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury None Injured at work?

23. SIGNATURE D. D. Caples, M. D. M. D. or other
Address Reisterstown, Md. Date signed 11-11-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1940
BUREAU V S.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

11423

CERTIFICATE OF DEATH

93-2

1. PLACE OF DEATH County

~~CITY OF~~ BALTIMORE: (No. Park Ave Halethorpe St., ... Ward)

Registered No. 42

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Brady Kerns

(a) Residence: No. Park Ave Halethorpe St., Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura R. ~~Helms~~ Pease

6. DATE OF BIRTH (month, day, year) Mch. 31 –

7. AGE 82 Years | 8 Months | 18 Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) 9 years

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Francis Kerns

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Jane Devine

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Laura Rebecka Kerns wife

(Address) Park Ave

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place New Cathedral Date Nov 16, 1940

19. UNDERTAKER Mary A Gauthrop

(Address) 2839 Rayner Ave Balto Md

20. FILED Nov 14, 1940 Geo Kieffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1934 to Nov 13, 1940

I last saw him alive on Nov 13, 1940 Death is said to have occurred on the date stated above, at 1 50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia Terminal	11/10/40
General arterio sclerosis	1934
Left Hemiplegia	
Chr. Myo Carditis	1934

Other contributory causes of importance:

Senility	
Arterial Hypertension	?

Name of operation None Date of ✓

What test confirmed diagnosis? Heart Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) B B Brumbaugh M. D.

(Address) Elkridge Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. MYSTERIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *c. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

NOV 29 1940

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (134)

Reg. Dist. No. 66 11424

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Essex (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Helena Kurwan

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Wm. L. Kurwan

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug - 14 - 1884

8. AGE: Years 55 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unk
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Wm. Gordon Kurwan
(b) Address Essex, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-40 (month) (day) (year)
(c) Cemetery or crematory Maryland
Location Taylor Ave.

18 (a) Funeral director John G. Connelly
(b) Address Essex, Md.

19 (a) 11-7-40 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 2 1940, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1940, to Nov 2 1940, and that I last saw him alive on Nov 2 1940

Immediate cause of death	Toxemia	Duration
Due to	Pulmonary Tuberculosis	
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. M. Baumgardner M. D. or other
Address Rosedale Md Date signed 11/7/40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

11425

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Edmondson AVE.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Catonsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Edmondson AVE.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clinton Kline

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Unknown

6 (b) Name of husband or wife: Ann Balling

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 14, 1871

8. AGE: Years 69 | Months 7 | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Hagerstown, Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER

12. Name: Unknown

13. Birthplace: Unknown

MOTHER

14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Baltimore Co. Welfare Board

Address: Towson Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 26, 1940 (month) (day) (year)

Cemetery or crematory: St. Johns Cemetery

Location: Ellicott City

18. Funeral director: Easton Sons

Address: Ellicott City

19. 11/25 1940 (Date rec'd by registrar) Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: about Nov 19, 1940

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: Cardio vascular renal disease

Due to: apoplexy

Due to:

Other conditions: sudden death Inquiry

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Geo McKeeffer Dep Med Exam of Balto

M. D. ~~or other~~

Address: 1010 Leeds ave Date signed: Nov 25 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (61) Reg. Dist. No. 44

CERTIFICATE OF DEATH

11426

1. PLACE OF DEATH:
(a) County Balto.
(b) City or town Essex (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Stillwater Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 26 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Essex (If outside city or town limits, write RURAL and give town)
(d) Street No. Stillwater Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Louise Margaret Lang

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John H. Lang.
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 5-1865

8. AGE: Years	Months	Days	If less than one day
75	3	12	____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Wm. Lockmann
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Caroline Louise Schroder
(b) Address Stillwater Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 19-40 (Month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmonson Ave. Balto.

18 (a) Funeral director John F. Connelly
(b) Address Govt. Md.

19 (a) Nov-18-40 (Date rec'd by registrar) (b) John F. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 17 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1940, to Nov 17 1940, and that I last saw him alive on Nov 16 1940

Immediate cause of death	Duration
Bronchial Pneumonia	3 days
Due to Arteriosclerotic Cardiac Vascular disease	?
Due to	
Other conditions Diabetes Mellitus	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Baumgardner M. D. or other
Address Rosedale Md. Date signed 11/17/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 18 1940
BUREAU V, S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-a)

11427

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 mo.
Hospital, Institution, or street address where death occurred: Spring Grove State Hosp.
How long in hospital or institution? 7 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore City
City or town: Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 316 No. Hilton St.
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME Albert Langeluttig

3.(b) Social Security Number None

4. Sex: Male
5. Color or race: W.
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Mollie Wilslager
6.(c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.): Aug. 14, 1863

8. AGE: Years 77 | Months 3 | Days 3 | If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Lumber inspector
11. Industry or business: Lumber yard.
FATHER
12. Name: August Langeluttig
13. Birthplace: Germany
MOTHER
14. Maiden name: Margaret Muhl
15. Birthplace: Germany.
16. Informant: Hosp. record
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 20 - 1940 (month) (day) (year)
Cemetery or crematory: Baltimore Cem.
Location: Balto Md
18. Funeral director: Mamie Cook Syfer
Address: 1600 W. North Ave
19. 11/18 1940 (Date rec'd by registrar) [signature] Registrar

REPLITY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 17 1940, at 3:45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 17 1940, to Nov. 17 1940 and that I last saw him alive on Nov. 16 1940

Immediate cause of death	DURATION
Chr. myocarditis	Indef.
Chr. interstitial nephritis	Indef.
Due to Gen arteriosclerosis	Indef.
Other conditions Gangrene of toes of rt. foot	6 days

(Include pregnancy within 3 months of death)
Major findings of operations —
Date of op. —
Autopsy results: As above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Robert E. Gardner M.D. M.D. or other
Address: Spring Grove State Hosp. Date signed 11/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 20 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-e)

11428

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Baltimore

City or town: Timonium
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Cockeysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: John G. Leaf

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary Elizabeth Leaf

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 18, 1858

8. AGE: Years: 82 Months: — Days: 23 If less than one day ____ hrs. ____ min.

9. Birthplace: Balto. Co., Md.
(Town, county, and state)

10. Usual occupation: Blacksmith

11. Industry or business

FATHER
12. Name: John H. Leaf
13. Birthplace: Balto. Co., Md.

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Marshall H. Leaf
Address: Cockeysville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 12, 1940 (month) (day) (year)

Cemetery or crematory: Jessops

Location: Sparks, Md.

18. Funeral director: Landon M. Brooks
Address: Sparks, Md.

19. Nov. 11 1940 (Date rec'd by registrar) Wilmer C. Ensor, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 10th 1940, about 8 P.M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ____ 19__, to ____ 19__, ~~and that I last saw h~~ ____ alive on ____ 19__.

Immediate cause of death: Accident, Auto on

Due to: Highway.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: No

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide, or homicide~~: Accident Date of: 11-10-40

Where did injury occur? Timonium (City or town) Buck (County) Md (State)

Injured ~~at home, farm, industry~~ public place (where?): Highway

Means of injury: Struck by Auto Injured at work? No

23. SIGNATURE: W. P. O. Mason Lexy M. Tex, M. D. or other

Address: Pikesville Md. Date signed: 11-10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 23 1940
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (52-A)

11429

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH
County Baltimore
City or town White Hall R.F.D. Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Balto
City or town White Hall R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gloria Belle Lloyd

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife —
— 6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb 20 - 1937

8. AGE: Years 3 Months 8 Days 27 If less than one day ___ hrs. ___ min.

9. Birthplace Balto. Co. Md
(Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Theodore R. Lloyd
13. Birthplace Parkton, Md

MOTHER
14. Maiden name Mustric Vernon
15. Birthplace W. Va

16. Informant Theodore R. Lloyd
Address White Hall, Md

17. Burial Date thereof Nov 20-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Hanford Baptist
Location Monkton, Md

18. Funeral director P. Markline Low
Address White Hall, Md

19. Nov 18th 1940 Milner Bartner M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17 1940, at 3 45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1939, to Nov. 17 1940, and that I last saw her alive on Nov. 17 1940.

Immediate cause of death Wilms tumor — DURATION 1 yr.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. M. France M. D. or other
Address Parkton, Md Date signed 11/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11430

1. PLACE OF DEATH (46-D)

County Baltimore Registration Dist. No. 31

Village or City No. Katherine Robb Nursing House St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomasine Lockard If U. S. Veteran, specify WAR

(a) Residence: No. 103 Locust Drive (Larchmont) St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E Lockard.

6. DATE OF BIRTH (month, day, and year) Sept 16/1866

7. AGE Years 74 Months 1 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Md.

FATHER

13. NAME — Hooker

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Vernon J Lockard (Address) 103 Locust Drive Larchmont

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date Nov 12, 1940

19. UNDERTAKER Harry H. Armacost (Address) 4204 Ridgewood Ave

20. FILED Nov 11, 1940 Wm E Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 (Month) 10 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1940, to Nov 9, 1940

I last saw her alive on Nov 9, 1940; death is said to have occurred on the date stated above, at 9.45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma sigmoid (bowel)	1 yr

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ernest H. Rahn M. D.

(Address) 1735 Poplar Gr. St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

(M) (I) (T)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1735 Poplar Grove St

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

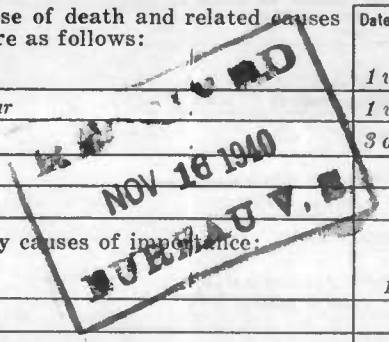
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr Nc

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

11431

Reg. Dist. No. 72

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH

County: Balto Co

City or town: Windsor Rd Pikesville Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred: Windsor Rd Pikesville Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto Co

City or town: Pikesville Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Windsor Rd
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mame M Mackey

3.(b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: James Mackey

7. Birth date of deceased (mo., day, yr.): Sept 26, 1869

8.(c) If alive, give age: ____ years

8. AGE: Years: 71 | Months: 10 | Days: 25 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Warren Ohio
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Johnston Thompson
13. Birthplace: Warren Ohio

MOTHER
14. Maiden name: Sarah Holcomb
15. Birthplace: Caledonia Ohio

16. Informant: Mrs Frank Davis

Address: Windsor Rd Pikesville

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11 24 40 (month) (day) (year)

Cemetery or crematory: Oakwood Cemetery

Location: Warren Ohio

18. Funeral director: Williams Cook

Address: 1217 St Paul St.

19. Nov 21 1940 (Date rec'd by registrar) E E Nichols Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 21 1940 at 6.50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6th 1940 to Nov 21 1940 and that I last saw her alive on Nov 20 1940

	DURATION
Immediate cause of death: Arthritis Deformans	4 yrs
Due to: Arterial Hypertension	4 yrs
Due to:	
Other conditions: Senile dementia	1 yr

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: E. E. Nichols M.D.
M. D. or other

Address: Pikesville Md Date signed: 11-21-40

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

CERTIFICATE OF DEATH

11432

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto.
City or town: Sparrows Point Steel Works
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Sparrow Point Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 720 "F" Ste.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Patrick J. Mahon

3. (b) Social Security Number: 213-07-5197

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Rose Thompson
6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 28th 1876

8. AGE: Years	Months	Days	If less than one day
64	4	15	____ hrs. ____ min.

9. Birthplace: Scranton Pa.
(Town, county, and state)
10. Usual occupation: Steel Worker
11. Industry or business: Beth. Steel Co.
FATHER 12. Name: Patrick Mahan
13. Birthplace: Ireland
MOTHER 14. Maiden name: Mary Flaherty
15. Birthplace: Ireland
16. Informant: Mrs. Rose Mahan
Address: 720 "F" Ste Sparrows Point
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-16-40 (month) (day) (year)
Cemetery or crematory: Oak Lawn Cem.
Location: Eastern Ave. Rd.
18. Funeral director: John G. Connelly
Address: Essex Md.
19. 11-15-40 (Date rec'd by registrar) 19____ John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 13th 1940 A.M. 6-50

21. I CERTIFY that death occurred on the date above stated: ~~that I attended deceased from~~ ____ 19__ to ____ 19__, and that I last saw h__ alive on ____ 19__

Immediate cause of death	DURATION
Valvular heart disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
injured at home, farm, industry, public place (where?):
Means of injury: injured at work?

23. SIGNATURE: W. J. O. Mahon Mary M. Ec M. D. or other
Address: Sparrows Pt. Md. Date signed 11-13-40

RECEIVED
NOV 18 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

11433

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Balto Co.
City or town: Baldwin
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Baldwin
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Sarah L. Mast

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married

6.(b) Name of husband ~~or wife~~: Daniel Mast
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 14 - 1871

8. AGE: Years	Months	Days	If less than one day
69			hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Henry Dennock
13. Birthplace: Md.

MOTHER
14. Maiden name: Elizabeth Walton
15. Birthplace: Md.

16. Informant: Daniel L. Mast.
Address: Baldwin Md.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Wilson M. E.
Location: Longreen Md.

18. Funeral director: Clarence E. Arthur
Address: Fork Md.

19. 11-9-40 19 (Date rec'd by registrar) W. M. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 8, 1940, at 2 A. M. 45

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6, 1938, to Nov. 8, 1940
and that I last saw h[illegible] alive on Nov 7, 1940

Immediate cause of death	DURATION
Coronary Thrombosis	8 hrs.
Due to: Coronary Insufficiency	2 yrs
Due to:	
Other conditions: Chronic Rheumatoid Arthritis	3 yrs

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Clifford F. Hudson M.D. M. D. or other
Address: Fork, Md. Date signed 11/9/40

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

CERTIFICATE OF DEATH

11434

Reg. Dist. No. 33

1. PLACE OF DEATH:

County: Baltimore

City or town: Owings Mills

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rosewood State Training School

Stay in hospital or inst. (yrs., or mos., or days): 12 yrs., 6 mos., 22 days

Stay in this community (yrs., or mos., or days): 12 yrs., 6 mos., 22 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: unknown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: unknown

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elizabeth Rebecca Matthews

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): January 13, 1919

8. AGE:

Years	Months	Days	If less than one day
21	9	29	____ hrs. ____ min.

9. Birthplace: Cooptown, Maryland (Town, county, and state)

10. Usual occupation: Inmate of Rosewood School

11. Industry or business

FATHER — 12. Name: William D. Matthews

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Lee Beamer

15. Birthplace: Virginia

16. Informant: Rosewood State Training School records.

Address

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Nov. 14, 1940 (month) (day) (year)

Cemetery or crematory: Darlington Cem

Location: Harford Co., Md

18. Funeral director: H. S. Bailey

Address: Darlington, Md.

19. Nov. 13 1940 (Date rec'd by registrar) J. F. Smith M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 11, 1940, at 7 p. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1, 1938 to November 11, 1940, and that I last saw her alive on November 11, 1940 @ 6:50 p. m.

Immediate cause of death	DURATION
Hypostatic pneumonia	1 day
Due to Status Epilepticus	3 days
Due to Grand Mal Epilepsy	20 yrs.
Other conditions: Left hemiplegia	20 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: none Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Isabel H. McClintock M.D.

M. D. or other

Address: Rosewood - Owings Mills, Md. Date signed: Nov. 12/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 4 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

11435

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County 9127 Harford Road

City or town Parkville, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Parkville

City or town 9127 Harford Road

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Wilmer W. Meissinger

3. (b) Social Security Number 217-05-6141

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Mary K. Meissinger

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 4, 1907

8. AGE: Years 33 | Months 4 | Days 5 | If less than one day ..... hrs. ..... min.

9. Birthplace: Oaklahoma (Town, county, and state)

10. Usual occupation: Cement Finisher

11. Industry or business

FATHER

12. Name: John Meissinger

13. Birthplace: Oaklahoma

MOTHER

14. Maiden name: Martha Linton

15. Birthplace: Oaklahoma

16. Informant: Mary K. Meissinger

Address: 9127 Harford Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 11, 1940 (month) (day) (year)

Cemetery or crematory: Jessops M. E. Cemetery

Location: Cockeyville Md

16. Funeral director: Howard N. Blight Jr

Address: 4914 Belair Road

19. 11/9 1940 (Date rec'd by registrar) A. M. Bacon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 9 1940, at 4 40/A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 9 1940, to November 9 1940 and that I last saw him alive on November 9 1940

Immediate cause of death: Pneumonia, (bronchial)

Due to: Cancer of Stomach

Due to:

Other conditions

(Include pregnancy within 3 months of death)

DURATION
3 days
?

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: H. K. Burns M. D. or other

Address: 8100 Harford Rd Date signed: Nov 9, 1940

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

11436

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Balto.

City or town: Dundalk

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 253 St. Helena ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Balto.

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 253 St. Helena ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Sarah Miller

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband ~~or wife~~: William

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 20 1879

8. AGE: Years: 61 Months: 1 Days: 8 If less than one day: hrs. min.

9. Birthplace: Scotland (Town, county, and state)

10. Usual occupation: At Home

11. Industry or business:

FATHER — 12. Name: Alexander Polly

13. Birthplace: Scotland

MOTHER — 14. Maiden name: Jane Chapmen

15. Birthplace: Scotland

16. Informant: William Miller

Address: 746 E. 36th St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 30 40 (month) (day) (year)

Cemetery or crematory: Maryland Park

Location: Taylor ave

18. Funeral director: Martin H. E. Dippel

Address: 7110 Belair Rd.

19. 11/29/40 (Date rec'd by registrar) J. M. Barnum Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 27 1940, at 2:35 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 9, 1940, to Nov. 27 1940, and that I last saw her alive on Nov 27 1940

	DURATION
Immediate cause of death: Coronary Thrombosis	18 days
Auricular Fibrillation	6 da.
Due to: Chronic Myocarditis	1 yr.
Arteriosclerosis	2 yrs.
Due to:	
Other conditions: Pernicious anemia	2 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank Virgilio M. D. or other

Address: Dundalk, Md. Date signed 11/28/40

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(46-3)

11437

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto.

City or town Dundalk

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto

City or town Dundalk

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Annie L. Montauer

3. (b) Social Security Number —

4. Sex F

5. Color or race White

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Edward W Montour

6.(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Jan 21 - 1880

8. AGE: Years 60 Months 9 Days 5 If less than one day ..... hrs. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name John Simpson

13. Birthplace Md

MOTHER 14. Maiden name Unknown

15. Birthplace Md

16. Informant Edward W Montour

Address Jessups Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov 28-40 (month) (day) (year)

Cemetery or crematory London Park

Location Balto Md

18. Funeral director Lloyd Kaiser

Address Laurel Md

19. 11-26 - 1940 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 26 - 1940 at 7 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 - 1940, to Nov 26 1940 and that I last saw her alive on on Nov 25 1940

Immediate cause of death	DURATION
Pulmonary Oedema Nov 22	1940
Myocarditis	
Due to	
Due to	
Other conditions Carcinoma of Liver?	1939

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Abraham Blackman M.D. M. D. or other

Address 350 Hart Ave Date signed Nov 26-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (I) (T)

RECEIVED
NOV 29 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11438

1. PLACE OF DEATH

County Social Security No. 217-01-2880 (93-d) Registration Dist. No. 44

Village or City Sparrows Point No. 326 L.B. Street St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Joseph Moritz

(a) Residence: No. 326 L.B. Street St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Moritz

6. DATE OF BIRTH (month, day, and year): March 19

7. AGE: Years 68 | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria Hungary

FATHER

13. NAME: Frank Moritz

14. BIRTHPLACE (city or town) (State or country): Austria Hungary

MOTHER

15. MAIDEN NAME: Katherine Rybecky

16. BIRTHPLACE (city or town) (State or country): Austria Hungary

17. INFORMANT (Address): Anna Moritz, 326 L.B. Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: 11-9 —, 1940

19. UNDERTAKER (Address): Frank Cvack + Son, Ashland Ave & Cherry St.

20. FILED: Nov 7, 1940 Dawson L. Harbor Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 6 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1940, to Nov. 6, 1940

I last saw him alive on Nov. 5, 1940; death is said to have occurred on the date stated above, at 11.45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	1935
Chronic congestive heart failure	1939
Chronic Bronchitis	1957

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ____

(Signed) R. O. Windsor M. D.

(Address) 508 E. St., Sparrows Point, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

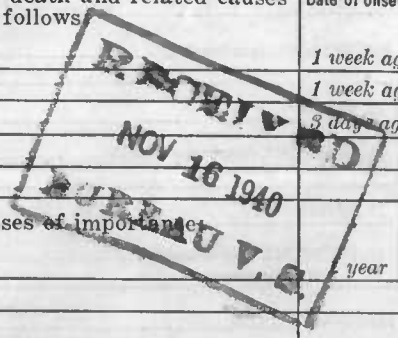
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

11439

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County: Baltimore

City or town: Overlea
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Overlea Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Kenwood & McCormick
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Arthur C. Ningard Sr

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jennie Ningard

B(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 5. 1860?

8. AGE: Years: 80 Months: 8 Days: 13 If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: Biscuit Co

FATHER
12. Name: Dont know
13. Birthplace: Germany

MOTHER
14. Maiden name: Dont know
15. Birthplace: Germany

16. Informant: Arthur C Ningard Jr

Address: 1013 N Broadway

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Nov. 20-1940
(month) (day) (year)

Cemetery or crematory: Mount Olivet

Location: Baltimore

18. Funeral director: John Ullrich

Address: 2008 Orleans

19. 11/18 1940 Mrs. G. A. Fritz
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 18 1940, at 3 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 16th 1940, to Nov 18 1940, and that I last saw him alive on Nov 16th 1940.

Immediate cause of death: Myocardial Insufficiency — DURATION: 1 day

Due to

Due to: Myocarditis (Chronic) — 2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home; farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: S. Edward Benson
M. D. or other

Address: 1 W. Overlea Ave Date signed 11/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11440

(94a)

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
1200 Summit Ave
Stay in hospital or inst. (yrs., or mos., or days) 76 yrs.
Stay in this community (yrs., or mos., or days) 2 Months.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1200 Summit Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daniel J. Norton

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower
B (b) Name of husband or wife: Hattie B Kilgard Norton
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 17, 1864

8. AGE: Years 76 | Months 6 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace: Ireland (Town, county, and state)
10. Usual occupation: Retired Woolen Sewer
11. Industry or business: Woolen Mill.
FATHER 12. Name: John Norton
13. Birthplace: Ireland
MOTHER 14. Maiden name: Unknown
15. Birthplace: Ireland
16. Informant: Albert D. Norton
Address 1200 Summit Ave Catonsville
17. Cremation (Burial, cremation, or removal. Which?) Date thereof Nov. 29, 1940 (month) (day) (year)
Cemetery or crematory Fort Lincoln Cem.
Location Bladensburg Md.
18. Funeral director: Easton Sons
Address Elkridge City

19. 11/29/40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 27 1940, at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1940, to Nov 27 1940, and that I last saw him alive on Nov 27 1940.

	DURATION
Immediate cause of death: Coronary Thrombosis	1 day
Due to: Arterio Sclerosis	5 yrs.
Due to:	
Other conditions: Paralysis Agitans	6 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide / / / Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James F Bowers M. D. or other
Address Catonsville Date signed 11/28

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

11441

Reg. Dist. No. 36

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town White Hall. Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Baltimore
City or town White Hall R F D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harriett Minerva Peare

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Levi N. Peare
6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan 18 1873

8. AGE: Years	Months	Days	If less than one day
67	10	9	hrs. min.

9. Birthplace Baltimore Co. Md
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Solomon Diffendeffer
13. Birthplace Unknown
MOTHER 14. Maiden name Louisa Foreman
15. Birthplace Unknown
16. Informant Mr. Levi N. Peare
Address White Hall. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 29 40 (month) (day) (year)
Cemetery or crematory Monkton
Location Monkton, Md
18. Funeral director P. Markland Lyon
Address White Hall. Md
19. Nov. 29 1940 (Date rec'd by registrar) Melvin Bortner M D Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 27 1940, at 6 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 27 1940, to Nov. 27 1940, and that I last saw h-- alive on Nov. 27 1940

Immediate cause of death	DURATION
Coronary occlusion	1 hour
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. Ln. Frame M. D. or other
Address Parkton, Md. Date signed 11/29/40

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (13E)

CERTIFICATE OF DEATH

11442
Reg. Dist. No. 38

1. PLACE OF DEATH:
County Baltimore,
City or town Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 1 yr 9 mo 9 day
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Balt
City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 727 Greenmount Ave
(If rural give LOCATION)
2(a) ~~IF VETERAN, NAME WAR~~ Soc. Sec. 212-12-7059

3. (a) FULL NAME MARIE BETTY PERRY
3. (b) Social Security Number

4. Sex F
5. Color or race W
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Roy Perry
6(c) If alive, give age 40 years
7. Birth date of deceased (mo., day, yr.) 11/7 — 1905
8. AGE: Years 35 Months Days 10 If less than one day hrs. min.
9. Birthplace MARYLAND (Town, county, and state)
10. Usual occupation INSPECTOR in Shoe Factory
11. Industry or business
FATHER 12. Name CHARLES RISSO
13. Birthplace ITALY
MOTHER 14. Maiden name DORA ETZEL
15. Birthplace Germany
16. Informant Personal History - Hospital Records
Address Eudowood Sanatorium, Towson, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/20/1940 (month) (day) (year)
Cemetery or crematory Baltimore
Location Single Sec
18. Funeral director Charles P Towell
Address 2427 Edmondson Ave
19 11/18 (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17 1940, at 2:20 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 8 1940, to Nov 17 1940, and that I last saw her alive on Nov 1940.
Immediate cause of death — Pulmonary TBC
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION 5 yr

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. A. Bridges M. D. or other
Address Towson, Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1940
BUREAU V. S.

Carol Van Horne
Offutt Bldg.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11443

Reg. Dist. No. 32

1. PLACE OF DEATH:
County: Baltimore
City or town: Mount Wilson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 0 yrs., 2 mos., 26 days
Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium
How long in hospital or institution? 0 yrs., 2 mos., 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St. Mary's
City or town: Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Miss Agnes C. Pilkerton

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 13, 1919

8. AGE: Years	Months	Days	If less than one day
21	7	8	..... hrs. ..... min.

9. Birthplace: La Plata, Charles Co., Md. (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: At Home

FATHER
12. Name: Melvin Pilkerton
13. Birthplace: St. Mary's County, Maryland

MOTHER
14. Maiden name: Mary Pilkerton
15. Birthplace: Maryland

16. Informant: Miss Agnes C. Pilkerton
Address: Leonardtown, St. Mary's Co., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 23, 1940 (month) (day) (year)
Cemetery or crematory: St. Joseph Cemetery
Location: Morganza, Maryland

18. Funeral director: W. C. Mattingly Sons
Address: Leonardtown, Maryland

19. Nov. 21, 1940 (Date rec'd by registrar) J. Frank Spalding Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 21, 1940, at 1:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 26, 1940, to Nov. 21, 1940 and that I last saw her alive on November 21, 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3 yrs., 1 mo.
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous Meningitis	20 days

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: No autopsy
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Stewart L. Shaffer M.D.
M.D. or other
Address: Mt. Wilson, Md. Date signed: 11/21/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-2)

Reg. Dist. No. 44

11444

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Balto
(b) City or town Chesaco Park
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Chesaco Park
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Romulous Powell

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 85 | Months | Days | If less than one day ___ hr. ___ min.

9. Birthplace Newcastle Pa.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Powell
13. Birthplace Pa.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Geo W. Gillespie
(b) Address Chesaco Park Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-40 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location O'Donnell Sta Rd.

18 (a) Funeral director John G. Connelly
(b) Address Essex Md.

19 (a) 11-29-40 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 27 1940, at 2:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1940, to Nov 27 1940, and that I last saw him alive on Nov 27 1940.

Immediate cause of death Arteriosclerotic Cardio-Vascular disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other
Address Rosedale Md Date signed 11/27/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1940
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11445

1. PLACE OF DEATH (94a)

County Baltimore Registration Dist. No. 3

Village or City Catonsville No. 200 Winters Avenue St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice E. Ray If U. S. Veteran, specify WAR

(a) Residence: No. 200 Winters Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Negro	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Ray

6. DATE OF BIRTH (month, day, and year) April 17, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) last 1940 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME James Lyles

14. BIRTHPLACE (city or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) Baltimore (State or country) Md

17. INFORMANT George Williams (Address) 3263 Reeds St

18. BURIAL, CREMATION, OR REMOVAL Place Western Star Date 11-24-40

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schroeder St

20. FILED 11/23, 1940 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November 21 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1940, to Nov 21, 1940

I last saw h— alive on Nov 21, 1940; death is said to have occurred on the date stated above, at 10:45 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Coronary occlusion	Oct. 1940

Other **Contributory Causes** of Importance:

none

Name of operation None in last illness Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James P. Carr M. D.

(Address) 515 Mosher St.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook, [illegible], etc. For a person who had no occupation whatever write none.

NOV 25 1940
BUREAU V. S.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

11446

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH ~~Social Security~~ 705-10-2425

County Baltimore (163-Sd) Registration Dist. No. 42

Village or City Ridgewood No. 910 St Charles Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Gilbert H. Reter If U. S. Veteran, specify WAR ___

(a) Residence: No. 910 St. Charles Ave. St., Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther M. Reter

6. DATE OF BIRTH (month, day, and year): Dec. 31-1895

7. AGE: Years 44 | Months 10 | Days 13 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Carman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: B. & O. R.R.

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country): Baltimore County Md.

FATHER

13. NAME: George Reter

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Annie Clayton

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mrs. Esther M. Reter 910 St Charles Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Meadow Ridge Date: Nov. 16, 1940

19. UNDERTAKER (Address): George L. Schwab 2101 Frederick Ave

20. FILED: Nov 14, 1940 Geo Keeffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on about 4-50 p, 19___; death is said to have occurred on the date stated above, at 4-50 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carbon Monoxide from automobile poison

Date of onset

Other Contributory Causes of importance: asphyxiation

Name of operation: no Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Nov 13 1940

Where did injury occur? Garage at home (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Ridgewood Balto Co Md

Manner of Injury: asphyxiation

Nature of Injury: Carbon Monoxide Gas

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) Geo M Keeffer Dep Med Exam of Balto M.D.

(Address) 1010 Leeds Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

NOV 25 1940

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11447

Reg. Dist. No. 40

1. PLACE OF DEATH:
County: Balto Co.
City or town: Mt. Vista
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.:
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME Herman Rufenacht

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Widowed

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 20 - 1870.

8. AGE: Years: 70 | Months: 1 | Days: 5 | If less than one day: hrs. min.

9. Birthplace: London England (Town, county, and state)

10. Usual occupation: Shipping Clerk

11. Industry or business:

FATHER
12. Name: Carl Rufenacht
13. Birthplace: London England

MOTHER
14. Maiden name: Adeline Wilkins
15. Birthplace: London England

16. Informant: Stanley Rufenacht
Address: Glenarm Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 22 - 1940 (month) (day) (year)
Cemetery or crematory: Fork Christian Cem
Location: Fork Md.

18. Funeral director: Clarence E. Authers
Address: Fork Md.

19. Nov 22 1940 (Date rec'd by registrar) W. M. Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 20, 1940, at 12 07 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 6, 1940, to Nov. 20, 1940 and that I last saw h... alive on Nov. 20, 1940

Immediate cause of death	Congestive Heart Failure	DURATION 3 days
Due to	Hypertensive Cardio Vascular Disease	3 yrs.
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Clifford F. Hudson, M.D. M. D. or other
Address: Fork, Md. Date signed 11/23/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 3 1940
BUREAU V. S.

11448

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:

County: Baltimore

City or town: Eudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or insf. (yrs., or mos., or days): 26 Days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: —

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 636 S. Monroe St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Wo

3. (a) FULL NAME: James Raymond Schubert

3. (b) Social Security Number: 212-03-2395

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Margaret Marie Schubert

6(c) If alive, give age: (?) years

7. Birth date of deceased (mo., day, yr.): August 28, 1905

8. AGE: Years: 35 Months: 2 Days: 13 If less than one day: hrs. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual occupation: Store Assembler

11. Industry or business: Store Factory

FATHER
12. Name: Henry Schubert
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden name: Matilda Heller.
15. Birthplace: Germany

16. Informant: Personal History - Hospital Records

Address: Eudowood Sanatorium, Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 13-1940 (month) (day) (year)

Cemetery or crematory: London Park

Location: Baltimore Md.

18. Funeral director: George L. Schwab.

Address: 7-101 Frederick Ave.

19. Nov. 10 19 40 (Date rec'd by registrar) Ho. D. Carroll Ax Hom Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 10 1940, at 7:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 15 1940, to November 10 1940, and that I last saw him alive on November 10 1940.

Immediate cause of death: Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: None.

DURATION: November 1938

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W A Bridges M. D. or other

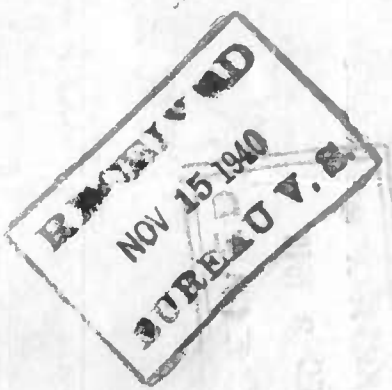
Address: Towson, Md. Date signed: 11-10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Please mail Burial Permit to
George L. Schyral
2101 Fredwick Ave
Balto. Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1246)

11449

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No. 418 Ingleside Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war: --

3.(a) FULL NAME: Hurst McDowell Shaffer

3.(b) Social Security Number: 213-09-5722

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Wht.	Single

6.(b) Name of husband or wife

B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 10, 1879

8. AGE: Years	Months	Days	If less than one day
61	8	24	..... hrs. ..... min.

9. Birthplace: Mercersburg Pa.
(Town, county, and state)

10. Usual occupation: Nurse

11. Industry or business

FATHER
12. Name: Wm. O. Shaffer
13. Birthplace: Mercersburg Pa.

MOTHER
14. Maiden name: Barbara P. Reitzel
15. Birthplace: Pa.

16. Informant: Arthur N. Shaffer
Address: 418 Ingleside Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 7, 1940 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Frederick Balto. Md.

18. Funeral director: George W. Little
Address: 2700 Edmondson Ave.

19. 11/4 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 4 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1939 to Nov 4 1940 and that I last saw him alive on November 3 1940

Immediate cause of death	DURATION
myocarditis	1 year
Due to arterio-sclerosis	?
Due to	
Other conditions Cirrhosis of liver	?

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE: Weinsober Fort M. D. or other

Address: 202 Preston St. Date signed: 11/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (159) Reg. Dist. No. 30

CERTIFICATE OF DEATH

11450

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Ella Mae Specht

3 (b) If veteran, name war	3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 15, 1940

8. AGE: Years	Months	Days	If less than one day
-	-	2	hr. min.

9. Birthplace Woodlawn, Md. (Town, county, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Franklin Specht
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Mary E. Parrish
15. Birthplace Hillsdale, Md.

16 (a) Informant Mr. Franklin Specht
(b) Address Woodlawn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 18, 1940 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director
(b) Address 1007 N. Baltimore St.

19 (a) 11/18/40 (Date rec'd by Registrar) (b) Registrar

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. Date of death 11-17 1940, at 6:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-15 1940, to 11-17 1940, and that I last saw him alive on 11-16 1940.

Immediate cause of death	Duration
Pneumonia	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Thos. H. Abbott M. D. or other
Address 450 S. Liberty Heights Ave. Date signed 11-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11451

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Hotels Cliff near Towson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Villa Maria

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Hotels Cliff near Towson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Ygnacius Rd

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sister Mary Germain Stern

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 30 - 1853

8. AGE: Years	Months	Days	If less than one day
87	1	20	hrs. min.

9. Birthplace Philadelphia - Pa (Town, county, and state)

10. Usual occupation Teacher

11. Industry or business

FATHER 12. Name Jacob Stern

13. Birthplace Germany

MOTHER 14. Maiden name Margaret Goeslein

15. Birthplace Bavaria

16. Informant Sr. Mary Clara

Address Villa Maria - Notch Cliff, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 23-1940 (month) (day) (year)

Cemetery or crematory Notch Cliff

Location Glen Arm

18. Funeral director Geo M Smith & Son

Address 811 N Howard St

11-21-40 19 W M Hammett

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 20 1940, at 9.55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1932, to Nov. 20 1940, and that I last saw her alive on Nov. 19 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. or other

Address Date signed

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

11452

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH:

County Baltimore

City or town Parkton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 29 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Parkton Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Irene Jane Streett

3. (b) Social Security Number

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced widow

6 (b) Name of husband or wife William D. Streett

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 18. 1876

8. AGE: Years 64 Months 5 Days 11 If less than one day ___ hrs. ___ min.

9. Birthplace Parkton (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name James Baker

13. Birthplace Parkton, Md

MOTHER 14. Maiden name Jane Wilson

15. Birthplace Parkton, Md

16. Informant Mr. John W. Streett

Address Parkton, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 2-40 (month) (day) (year)

Cemetery or crematory Stablers

Location Parkton Md

18. Funeral director P. Mackleen Son

Address White Hall Md

19. Nov. 29 1940 (Date rec'd by registrar) M. Bortner MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 29 1940, at 1:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 1940, to ___ 19___, and that I last saw her alive on Nov. 19 1940

Immediate cause of death Cerebral Hemorrhage

DURATION 10 days

Due to Hypertension

Due to

Other conditions generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. M. France M. D. or other

Address Parkton, Md Date signed 11/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1940
BUREAU Y. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 30
11453

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Edmondson Ave. Nursery Farm
(c) Hospital or institution: Rev. Opitz's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 4025 Pennington Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Catherine Stroh

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Fred. G. Stroh

6 (c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): March 10, 1880

8. AGE: Years: 60 Months: 8 Days: 13 If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Schoene
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace:

16 (a) Informant: Fred G. Stroh
(b) Address: 4025 Pennington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 26, 1940 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill
Location: A. A. County

18 (a) Funeral director: Howard K. McComas
(b) Address: Abingdon, Md.

19 (a) 11/25/40 (Date rec'd by registrar) (b) [signature] Registrar
Deputy Local

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/23 1940, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11/21 1940, to 11/23 1940, and that I last saw h[illegible] alive on 11/23 1940.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to: General and cerebral arteriosclerosis	2
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Harry Deibel M. D.
Address: 1226 Fawcett St. Date signed: 11/25/40

RECEIVED
NOV 28 1940
BUREAU V. R.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11454

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (93-d)

County Baltimore — Registration Dist. No. 38

Village or City Towson — No. 104 Allegheny Av St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Taylor — If U. S. Veteran, specify WAR none

(a) Residence: No. 104 Allegheny Av St., Ward Towson

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, and year) July-11-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	83	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and year) none — 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Belle City — (State or country) Md.

FATHER

13. NAME Jacobs T. Taylor

14. BIRTHPLACE (city or town) — (State or country) Md.

MOTHER

15. MAIDEN NAME Mary C. Muller

16. BIRTHPLACE (city or town) — (State or country) Md.

17. INFORMANT Mr Frank J Taylor - (Bro.) (Address) 104 Allegheny Av.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date 2 (or) 1-18-, 1940

19. UNDERTAKER Stewart Mowen Co. (Address) Balto. Md.

20. FILED 11/17, 1940 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 16 (Month) (Day) 1940. (Year)

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1940, to Dec 15, 1940

I last saw her alive on Dec 15, 1940; death is said to have occurred on the date stated above, at 6:30 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocardial Decompensation	1 yr.
Other Contributory Causes of Importance: Arterio Sclerosis & Hypertension	unk.

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ____

(Signed) John T Muller M. D.

(Address) Towson Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by strect car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED DEC 3 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

11455

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Balto
City or town: Towson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 130 Chesepeake Ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Towson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 130 Chesepeake Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Henry Thomas Jr

3. (b) Social Security Number:

4. Sex: M
5. Color or race: C
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Lucy Thomas
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Aug. 18 61

8. AGE: Years: 79 Months: Days: Unless than one day: hrs. min.

9. Birthplace: A. A. Co. Md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER
12. Name: Henry Thomas
13. Birthplace: Md.
MOTHER
14. Maiden name: Unknown
15. Birthplace:
16. Informant: Nellie Woods
Address: 130 Chesepeake Ave Towson Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 28th 1940 (month) (day) (year)
Cemetery or crematory: Pleasant Rest Cem.
Location: Towson Balto. Co. Md.
18. Funeral director: Byron & Mamie Jr. Knight
Address: 1218 McElderry St Balto Md
19. 11/27 (Date rec'd by registrar) 19 Deputy Local Registrar: Wilfred Van Horn

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 26 1940, at 5 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 19 1940, to Nov. 26 1940, and that I last saw him alive on Nov. 26 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 1 wk.
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: William S. Polk M. D. or other
Address: Towson, Md Date signed: 11-27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11456

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 29 days
Hospital, institution, or street address where death occurred:
Spring Grove State Hospital
How long in hospital or institution? 29 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pennsylvania County:
City or town: Delta
(If outside city or town limits, write RURAL and give nearest town)
Street No.:
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3. (a) FULL NAME
Eva Thompson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Divorced

6.(b) Name of husband or wife: Lincoln McKinsey
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 2, 1902

8. AGE: Years	Months	Days	If less than one day
38	9	27	hrs. min.

9. Birthplace: Delta, Pennsylvania (Town, county, and state)
10. Usual occupation: Machine operator
11. Industry or business: Sewing factory
FATHER 12. Name: James L. Thompson
13. Birthplace: Pennsylvania
MOTHER 14. Maiden name: Arabella Stansbury
15. Birthplace: Pennsylvania
16. Informant: Hospital Records
Address:
17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Dec 2 (month) (day) (year)
Cemetery or crematory: Expansville
Location: York Co Pa
18. Funeral director: Hubert P. Hankins
Address: Delta Pa
19. 12/29/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 29, 1940, at 3:40 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 31, 1940, to November 29, 1940
and that I last saw her alive on November 29, 1940

Immediate cause of death	DURATION
Left lobar pneumonia	About 7 days
Due to: Chronic myocarditis	Before 1940
Chronic parenchymatous nephritis	Before 1940
Due to: General Paresis	Before 1940
Other conditions	

(Include pregnancy within 3 months of death)
Major findings of operations: No
Date of op.:
Autopsy results: As given above
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: No Date of:
Where did injury occur? No (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): None
Means of injury: None Injured at work?

23. SIGNATURE: Serge Androp M. D. or other
Address: Spring Grove Hospital Date signed: 11/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 2 1940
BUREAU V. S.

Dr. Russell 3902 Groveland Ave. Lib 3136

11457

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Mildred Cottle

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 16 Fusting Ave.

Stay in hospital or inst. (yrs., or mos., or days) 16 das.

Stay in this community (yrs., or mos., or days) 50 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland ~~County~~ Baltimore

City or town Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5003 Elmer Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Evelyn Sorden Totten

3. (b) Social Security Number NONE

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ Arminius Wills Totten

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 10, 1873

8. AGE: Years 67 | Months 4 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Richard Carter Sorden

13. Birthplace Baltimore, Md

MOTHER

14. Maiden name Susan Smith

15. Birthplace Caroline Co. - Md.

16. Informant Mildred H. Smith (niece)

Address 4003 Roland Ave.

17. Burial (~~Burial, cremation, or removal~~, Which?) Date thereof 11/28/40 (month) (day) (year)

Cemetery or crematory Woodlawn

Location Baltimore, Md

18. Funeral director Wm. Cook

Address St. Paul & Preston Sts.

19. 11/26 1940 (Date rec'd by registrar) [signature] Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/26 1940, at 12:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/31 1940, to 11/25 1940, and that I last saw her alive on 11/25 1940.

Immediate cause of death: Pulmonary oedema above from cardiac

Due to asthenia

Primary Cause: Coronary thrombosis, after a period of partial stenosis

Due to C.W.G.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy None

DURATION: 6-7 days; 6-7 yrs

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ✓ Injured at work? ✓

23. SIGNATURE Henry Russell M. D. or other

Address 3902 Groveland Ave. Date signed 11/26/1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 2 1940
BUREAU V. S.

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

11458

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH

County Balto

City or town Relay
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Balto

City or town Relay Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William G. Vernetson

3. (b) Social Security Number 705-07-4945

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Marie B Vernetson

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Dec 24 - 1871

8. AGE: Years 68 Months 11 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Signalman

11. Industry or business B & O R R Co

FATHER
12. Name William
13. Birthplace Md.

MOTHER
14. Maiden name Mary E. Hellman
15. Birthplace Md

16. Informant Mrs Marie Vernetson

Address Relay Md

17. Burial Date thereof Dec 2 - 40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory New Cathedral Cemetery

Location Balto Md

18. Funeral director Lloyd Kaiser

Address Laurel Md

19. Dec 1 1940 Geo Kieffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1940, at 11 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 29 1940, to Nov 29 1940, and that I last saw him alive on Nov 29 1940.

Immediate cause of death Coronary Embolus Chr. Myocarditis — DURATION Long 2 yrs

Due to General arteriosclerosis

Due to Prostatectomy — Sept 9/40

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Benign Hypertrophy of Prostate

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B B Brumbaugh
M. D. or other

Address Elkridge Md Date signed 12/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

DEC 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

11459

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County: Baltimore Co

City or town: Sparrows Pt
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1333 Beechwood Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 18 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Balto

City or town: Sparrows Pt Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1333 Beechwood Rd
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Carlton Herman Watkins

3. (b) Social Security Number: 213-07-9315

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Rose Watkins

6(c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): Nov 22-1899

8. AGE:

Years	Months	Days	If less than one day
40	11	29	hrs. min.

9. Birthplace: Lebanon N H
(Town, county, and state)

10. Usual occupation: Electrician

11. Industry or business:

FATHER
12. Name: John H Watkins
13. Birthplace: Hartford Vt.

MOTHER
14. Maiden name: Anna Slack
15. Birthplace: Lebanon Vt.

16. Informant: Rose Watkins

Address: 1333 Beechwood Rd

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 25th (month) (day) (year)

Cemetery or crematory: Oak Lawn Cemetery

Location: Baltimore

18. Funeral director: John Ullrich

Address: 2008 Orleans St

19. Nov. 21 1940 (Date rec'd by registrar) Dawson L. Harber Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 21 1940, at 10-30 AM

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~ ~~and that I last saw h~~ ~~alive on~~ ~~19~~

Immediate cause of death: Coronary heart

Due to: disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: M. P. E. Myer Defy M. Ex
M. D. or other

Address: Pikesville Md Date signed: 11-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 27 1940
BUREAU V. R.

Dr McLaughlin 400 N. Payson St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

11460

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County 628 Colraine Road

City or town ..... (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: .....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Westgate (If outside city or town limits, write RURAL and give nearest town)

Street No. 628 Colraine Road (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME LUE EMMA WEAVER

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Joseph F. Weaver

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 16, 1863

8. AGE: Years 77 | Months 1 | Days 12 | If less than one day ..... hrs. ..... min.

9. Birthplace: Richmond Co. Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Jim Andrew Yeatman
13. Birthplace: Virginia

MOTHER
14. Maiden name: Martha Saunders
15. Birthplace: Virginia

16. Informant: Joseph C. Weaver

Address: 628 Colraine Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 1, 1940 (month) (day) (year)

Cemetery or crematory: West Grove Baptist Cemetery

Location: West Grove, Warsaw Va.

16. Funeral director: William Cook

Address: 1217 St. Paul St

19. 11/28 1940 (Date rec'd by registrar) R. V. Anderson Registrar Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/28 1940, at 11:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1940, to 11/28 1940 and that I last saw her alive on 11/28 1940

Immediate cause of death: Arteriosclerotic Cardio-vascular disease — DURATION ?

Due to .....

Due to .....

Other conditions: Senility

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: D. C. McLaughlin M. D. or other

Address: 400 N. Payson St. Date signed: 11/28/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

11461

Reg. Diat. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Baltimore Highlands (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Georgia Ave.,

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Georgia Ave., Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Minnie Rose Wentworth

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Henry C. Wentworth

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 18, 1872

8. AGE:

Years	Months	Days	If less than one day
68	5	2	hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: At Home

11. Industry or business:

FATHER — 12. Name: Stephen R. Lynch

13. Birthplace: Md.

MOTHER — 14. Maiden name: Elizabeth Rimmind

15. Birthplace: Md.

16. Informant: Clarence S. Wentworth

Address: Georgia Ave., Balto. Highlands

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 23, 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Annapolis, Blvd., Brooklyn, Md.

18. Funeral director: G. Howard Strong

Address: 715 Light St.

19. Nov 22 1940 (Date rec'd by registrar) Geo. Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 20, 1940, at 10.30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 21 1940, to Nov 20 1940, and that I last saw h alive on Nov 20 1940.

	DURATION
Immediate cause of death: Cerebral thrombosis	1 wk
Due to:	
Due to:	
Other conditions: Arteriosclerosis	Indef

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: R. K. Campbell M. D. or other

Address: 1644 Hanover Date signed: 11/22/40

RECEIVED
NOV 29 1940
BUREAU V, S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

11462

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
304 W. Pennsylvania Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 304 W. Pennsylvania Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME
George Francis Wheeler Jr.

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Mary Rosetta Stack

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 10, 1854

8. AGE: Years: 85 Months: 11 Days: 6 If less than one day ..... hrs. ..... min.

9. Birthplace: Hickory, Harford Co., Md.
(Town, county, and state)

10. Usual occupation: None Retired Examiner.

11. Industry or business: Balto. Co. Circuit Court

FATHER
12. Name: George Francis Wheeler
13. Birthplace: Harford Co., Md.

MOTHER
14. Maiden name: Martha Jane Thatcher
15. Birthplace: ----- Maryland

16. Informant: George Garrett Wheeler
Address: 304 Pennsylvania Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11/19/40 (month) (day) (year)

Cemetery or crematory: Cathedral Cemetery

Location: Frederick Rd. & Augusta Ave.

18. Funeral director: H W Mears and Son
Address: 805 North Calvert Street

19. Nov. 18 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 16th 1940, at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1st 1940, to Nov 16th 1940 and that I last saw him alive on Nov 15th 1940

Immediate cause of death: Pulmonary Edema — DURATION: 4 days

Due to: Myocardial Insufficiency — General Arteriosclerosis

Due to: Senility

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Daniel J. Rl. Thos. Jenifer M. D. or other

Address: Towson — Date signed: 11/18/40

VS A15 (T) (I) (M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51-B)

CERTIFICATE OF DEATH

11463

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 40 Winters Lane
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 40 Winters Lane
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Clarence C. Wilson

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Laura Wilson
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 27, 1884

8. AGE: Years	Months	Days	If less than one day
56	5	3	hrs. min.

9. Birthplace: New York.
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: James Wilson
13. Birthplace: New York
MOTHER 14. Maiden name: Bertha Burnsten
15. Birthplace: Va.
16. Informant: Mrs. Laura Wilson
Address: 40 Winters Lane
17. (Burial, cremation, or removal. Which?) Burial Date thereof: Dec 4 — 40 (month) (day) (year)
Cemetery or crematory: Arbutus Park
Location: Baltimore
18. Funeral director: Frances A. Hemsley.
Address: 578 W. Biddle St.
19. (Date rec'd by registrar) 12/2 19 40 (Registrar)

DEPUTY LOCAL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 30 1940, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1940 to Nov. 30 1940, and that I last saw him alive on Nov 30 1940

Immediate cause of death	DURATION
Hypostatic pneumonia	48 hrs
Following — Operation for carcinoma of prostate	
Due to	
Due to	
Other conditions: none	

(Include pregnancy within 3 months of death)
Major findings:
Dt operations: Carcinoma of prostate
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: James D. Cass M.D.
M. D. or other
Address: 515 Mosher St. Date signed 12/2/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

11464

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH:

County Baltimore

City or town Shane Md, White Hall R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 82 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Baltimore

City or town White Hall, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME David Barton Wilson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	widower

6 (b) Name of husband or wife Flora J. Wilson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 15 1858

8. AGE:

Years	Months	Days	If less than one day
82	4	11	____ hrs. ____ min.

9. Birthplace Baltimore Co Md
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name James S Wilson
13. Birthplace Unknown

MOTHER
14. Maiden name Charlotte Palmer
15. Birthplace Parkton, Md

16. Informant William L Wilson
Address White Hall Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Nov. 28 1940
(month) (day) (year)

Cemetery or crematory West Liberty

Location White Hall Md

16. Funeral director P. Meekins Son
Address White Hall. Md

19. Nov 26th 1940 M. Bortner M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 26 1940, at 6 15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 20 1940, to Nov. 26 1940, and that I last saw h 1 M alive on Nov. 26 1940.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE A. M. France
M. D. or other

Address Parkton, Md Date signed 11/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

11465

CERTIFICATE OF DEATH

Reg. Dist. No. 40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Baltimore Co Md
City or town Jerusalem
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Jerusalem
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war No.

3.(a) FULL NAME William Oliver Wylie

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	Widower

8.(b) Name of husband or wife Ella Wylie (Deceased) 8.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 24 1862

8. AGE:	Years	Months	Days	If less than one day
	78	0	25	____ hrs. ____ min.

9. Birthplace Baltimore Co Md (Town, county, and state)
10. Usual occupation Cleaner & Dyer
11. Industry or business
FATHER 12. Name unknown
FATHER 13. Birthplace unknown
MOTHER 14. Maiden name unknown
MOTHER 15. Birthplace unknown
18. Informant Burl Kelmer
Address Towson Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 22 - 40 (month) (day) (year)
Cemetery or crematory Lorraine
Location Baltimore Md
18. Funeral director William Cook
Address 1217 St Paul St.
19. 11-19-40 (Date rec'd by registrar) W M Hammett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 18, 1940, at 10.45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15, 1940 to Nov. 18 1940 and that I last saw h... alive on Nov. 18, 1940

Immediate cause of death	DURATION
Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clifford F. Hudson M.D. M. D. or other
Address York Md Date signed 11/18/40

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE [illegible] WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible].

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (131-a)

Registered No. 42

11466

1. PLACE OF DEATH:

(a) Baltimore ~~City, Maryland~~ County

(b) Street address River Rd

(c) Hospital or institution: Vineyard Avalon Glen Arthur

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) ~~City~~ or town Vineyard (If outside city or town limits, write RURAL and give town)

(d) Street No. Avalon None River Rd (If rural give location) Glen Arthur

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John A. Gamenack

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Theresa Gamenack

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Sept 21, 1865

8. AGE: Years 75 Months 1 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business —

FATHER

12. Name Anthony Gamenack

13. Birthplace Austria

MOTHER

14. Maiden Name Unknown

15. Birthplace Austria

16 (a) Informant Mrs Theresa Gamenack

(b) Address Vineyard Balto, Co.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 23-40 (month) (day) (year)

(c) Cemetery or crematory Holy Cross, Brooklyn, Md.

Location Annapolis Rd.

18 (a) Funeral director John J Cowan & Son

(b) Address 901 Hollins St.

19 (a) Nov 20 40 (Date rec'd by registrar) (b) Geo Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 19th 1940, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19..., and that I last saw h..... alive on ..... 19.....

Immediate cause of death Cardiovascular renal disease

Due to

Due to Coronary thrombosis

Other Conditions Sudden death

Injury (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Geo M Kieffer Dept Med Examiner Balto M. D.

Address 1010 Leeds av Date signed

VS 3

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NOV 29 1940
BUREAU OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

11467

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (937)

County BALTO Registration Dist. No. 9

Village or City GRANITE MD. No. ? St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurrad 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary. ZAVIRUGHA If U. S. Veteran, specify WAR

(a) Residence: No. GRANITE MD St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEM.	WHITE	WIDOW

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of MICHAEL ZAVIRUGHA

6. DATE OF BIRTH (month, day, and year) ? 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	—	—	

OCCUPATION

8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc. NONE

9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last workad at this occupation (month and year)

11. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) POLAND (State or country)

FATHER

13. NAME NOT. KNOWN.

14. BIRTHPLACE (city or town) (Stata or country) POLAND

MOTHER

15. MAIDEN NAME NOT. KNOWN.

16. BIRTHPLACE (city or town) POLAND (Stata or country)

17. INFORMANT STANLEY ZAVIRUGHA (Addrass) GRANITE MD

18. BURIAL, CREMATION, OR REMOVAL Place ST ALPHONSUS. Data NOV 27, 1940 GRANITE MD

19. UNDERTAKER Bernard C. Harley (Address) 121 S West St Balto Md

20. FILED Nov 27, 1940 Wm E. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 23rd 1940 (Month) (Day) (Yaar)

22. I HEREBY CERTIFY, That I attended daceasad from July, 1940, to Nov. 23, 1940

I last saw h alive on Nov. 23, 1940; death is said to hava occurrad on tha date statad abova, at 1150 P m.

Tha **PRINCIPAL CAUSE OF DEATH** and ralatad causas of importance were as follows:

	Date of onset
Cardio vascular disease	
Dther **Contributory Causes** of importance: myocarditis	

Nama of oparation Date of

What tast confirmed diagnosis? Was thara an autopsy?

23. If death was dua to extarnal causas (VIDLENCE) fill in also the following:

Accident, suicida, or homicida? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whathar injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of daceased?

If so, specify

(Signed) Wm. E. Martin M. D.

(Address) Randallstown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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DEC 3 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN